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Stefani June Massongill

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MOTIVATION TO VOLUNTEER WITHIN A  
LONG-TERM CARE OMBUDSMAN PROGRAM

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

---

by  
Stefani June Massongill

June 2001

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ARCHIVES DEPT  
100% COTTON PAPER

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by  
Stefani June Massongill  
June 2001

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6/5/01  
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## ABSTRACT

This exploratory study sought to identify factors which motivate individual participation in volunteer services for the Long-Term Care Ombudsman Program of the Volunteer Center of Riverside County. Motivation to volunteer was assessed using the Volunteer Functions Inventory (VFI) (Clary, Snyder, Ridge, Copeland, Stukas, Haugen & Miene, 1998). All current volunteers (n=43) were asked to complete a Likert scale survey which measured six functions served by volunteerism. These functions include: protective, values, career, social, understanding, and enhancement. Motivation to volunteer was also assessed through focus groups conducted in each of the three Long-Term Care Ombudsman Programs.

The survey research indicated that the volunteers were most highly motivated by factors identified in the values scale of the VFI and least motivated by career factors. Three models of motivation to volunteer were developed from the content of the focus groups. Implications for future research and program development related to recruitment, retention and recognition were discussed.



## ACKNOWLEDGMENTS

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## CHAPTER ONE

### INTRODUCTION

#### Problem Statement

This study sought to identify factors that motivated individual participation in volunteer services for a program that provides ombudsman services to seniors. It is not uncommon for agencies that utilize volunteer services to experience a high turnover rate of volunteer workers. As a consequence, agencies operate in a constant cycle of training and retraining individuals. Supervision of volunteers is a costly, time-intensive project, especially if there are consistently new volunteers to orient and train. This can cause a lack of continuity and stability within agencies that utilize large numbers of volunteers in relation to the number of staff utilized. This study sought to identify factors influencing volunteer participation in order to evaluate and develop the current volunteer program within the Long-Term Care Ombudsman Program (LTCOP) at the Volunteer Center of Riverside County (VCRC).

According to Clary & Orenstein (1991) "research has demonstrated that a helper's motives can affect helping

behavior, particularly the amount of help" (p. 59). They also note that sustained helping behavior may be ". . . more dependent on stable, non-emotional factors. . . ." such as ". . . internalized values, moral cognitions (and) prosocial orientation" (p. 62). This is an important issue in that the motives that influence initial helping behavior, such as volunteering, may differ from those that influence sustained or continued volunteering. In fact, Gidron (1984, cited in Black & Kovac, 1999) & Ilsley (1990, cited in Black & Kovac, 1999) indicate that factors which influence individuals to initially volunteer are often not the same factors as those which motivate continued volunteering.

According to Marx (1999), "many health and human services have difficulty in attracting sufficient volunteers" (p. 51). The work assignments found within health and human services differ from volunteer responsibilities within other agencies. Often these assignments are less attractive, less desirable and more challenging than other volunteer capacities. The volunteer ombudsman role is no exception.

Further understanding of volunteer motivations is needed in order to ensure that services which are being



provided by volunteers for seniors are of the highest quality possible. The current utilization of the Long-Term Care Ombudsman Program indicates that there are gaps and weaknesses in the system of care for seniors. Even within this mode of service provision (which utilizes many volunteers) there are problems and weaknesses related to the actual service being provided. As the quality of services provided by volunteers may be, in some way, influenced by their specific motivation to volunteer, it is necessary to evaluate more closely the factors that influence individuals to volunteer their time within the ombudsman program.

#### Problem Focus

The Long-Term Care Ombudsman Program was implemented in 1975 through amendments made to the Older Americans Act of 1965 (U.S.D.H.H.S, 2000). Under this provision, states were able to implement programs that utilize ombudsmen, or advocates, to ensure proper care and treatment of older adults placed in nursing homes, board and care homes, assisted living facilities and other adult care facilities. "Trained volunteer ombudsmen regularly visit long-term care facilities, monitor conditions and care,

and provide a voice for those unable to speak for themselves" (p. 1).

Ombudsman responsibilities include: identifying, investigating and resolving complaints made by or on behalf of residents, serving as an informational source to residents regarding long-term care services, analyzing and recommending changes in laws pertaining to the rights of residents, educating the public regarding issues about long-term care, promoting the development of citizen organizations to participate in the long-term care ombudsman program, and providing technical support for the development of resident and family councils for the protection of resident rights. (U.S.D.H.H.S., 2000, p. 2).

Ombudsman programs rely heavily upon volunteers. In fact, according to the Administration on Aging (AoA) Executive Summary (U.S.D.H.H.S., 1997):

the number of ombudsman volunteers increased dramatically . . . from 6,421 certified and a total of 11,580 for FY 1995 to 6,622 certified and a total of 12,657 for FY 1996 (p. 2).

According to another Administration on Aging report (U.S.D.H.H.S., 2000), in 1998 there were ". . . over 900 paid ombudsmen and 7,000 certified volunteer ombudsmen, working in 587 localities nationwide" (p. 1). This

equates to an average of 1.5 paid ombudsmen per location and 11.9 certified volunteer ombudsmen per location.

Given the strong reliance upon volunteers in ombudsman programs, it is imperative that directors of such programs know what motivates people to volunteer as ombudsmen whose work with older adults involves a position of advocacy which may, at times, not be as pleasant a role as other volunteer positions.

Nelson (1995) refers to a 1991 report by the Department of Health and Human Services, Office of the Inspector General which specified 12 model long-term care ombudsman programs. One of the common factors identified within these 12 successful programs was the heavy reliance on volunteers to accomplish their advocacy goals (p. 26). In fact, Nelson states, "the report unconditionally declared that the best states were the ones that attracted, trained, and retained volunteers" (OIG, 1991, p. ii, cited in Nelson, 1995, p. 26).

The findings of this study were expected to contribute to social work practice on a number of different levels. First of all, it was anticipated that it could provide clearer insight as to specific reasons individuals volunteer within long-term care ombudsman

programs. This insight could assist the LTCOP Program Director at the Volunteer Center of Riverside County in knowing who to target for recruitment. It was also hoped that the research could be useful for other ombudsman programs in considering what populations may be more prone to volunteer.

Second, the researcher hoped that this research could provide a better understanding of how ombudsman program directors could retain their volunteers. It was the intent of the researcher to identify specific key factors which influence the amount of time served as a volunteer and the level of satisfaction experienced. This information could impact the reshaping of policies and procedures related to training of volunteers, volunteer responsibilities and rewards. Third, it was expected that this study would serve as a foundational piece of literature in ombudsman research, which may be useful for further research within ombudsman programs nationwide.

The research question developed for this study was: "What factors motivate individuals to volunteer in the Long-Term Care Ombudsman Program of the Volunteer Center of Riverside County?"

## CHAPTER TWO

### LITERATURE REVIEW

There is a large body of theories which focuses on general motivations to volunteer. They include economic theories such as utility interdependence theory and labor-leisure analysis, activity theory, social motive theory, classification of needs theories, extrinsic/egoistic and intrinsic/ altruistic theories, expectancy theory, equity theory, and social learning theory. Following is a brief explanation of each theory that will be useful in considering motivations for volunteer behavior.

The utility interdependence theory holds that "an individual's utility is not limited to his or her own income or consumption, rather it reflects the needs of the community and society as a whole" (Hochman & Rodgers, 1973; Reece, 1979; Unger, 1991 cited in Kim & Hong, 1998, p. 3). As such, the family and society are interdependent organizations. The labor-leisure analysis focuses on the use of time and the opportunity cost of volunteering (Bryant, 1992; Schram & Dunsing, 1981, cited in Kim & Hong, 1998). This perspective holds that "volunteering



can promote market productivity through higher labor force participation and wage" (p. 3).

The activity theory suggests that maintaining social interactions in later life can improve life satisfaction and well-being of the elderly. Volunteering is one way in which social interactions can be maintained for older adults. Life satisfaction can also be impacted by volunteering in that it is positively related to an individual's activity level (Havighurst et al., 1968; Herzog et al., 1989 cited in Kim & Hong, 1998).

The social motive theory holds that people volunteer in order to form relationships. Somewhat related to this theory is the classification of needs theories that suggest that people seek out voluntary activities in order to satisfy needs which are not met elsewhere (Knowles, 1972 & Maslow, 1970 cited in Bojean & Markham, 1994). For example, volunteering may offer retired professionals the opportunity to engage in professional relationships which provide intellectual stimulation formerly provided through employment. Volunteering may also provide the opportunity to develop friendships for unemployed individuals (such as stay-at-home mothers) whose former primary source of relationships was the workplace.

The extrinsic/egoistic theory focuses on the receipt of tangible rewards of volunteering such as gaining work experience, developing friendships and making oneself more employable (Stinson & Stam, 1976; Sharp, 1978; Gluck, 1975 cited in Murnighan & Kim, 1993). The intrinsic/altruistic theory suggests that individuals may perform voluntary acts for someone else without the expectation of reciprocation (Berkowitz & Daniels, 1964 cited in Murnighan & Kim, 1993). For example, an individual might volunteer in a social service program, such as a soup kitchen for the homeless, with the intent to help create a better society.

The expectancy theory is a work organization theory which suggests that individuals will be most motivated to volunteer when they believe that their best efforts will lead to the rewards which they value most (Campbell & Pritchard, 1976; Pinder, 1985 cited in Bojean & Markham, 1994). Under this theory an individual might choose a specific volunteer activity within an organization that is known for giving valued public recognition or a financial reward to their most dedicated volunteers.

Equity theories (Campbell & Pritchard, 1976; Miner, 1980 cited in Bojean & Markham, 1994) suggest that:

when members perceive the exchange between their efforts and organizational rewards as inequitable, they experience tension and will try to reduce it by increasing or decreasing their level of performance or by other adaptations (p. 5).

This is an important theory for program directors to consider in managing their volunteers. Proper communication and appropriate use of rewards are key elements in retaining volunteers.

Finally, application of the social learning theory can give insights into volunteer behavior. The construct of environmental influences suggests that individuals volunteer because they are motivated by certain life experiences. For example, an individual who observed his or her ill grandparent receiving special care from a volunteer in a nursing home might, later in life choose to volunteer in the same kind of setting because of the value and impact of their own personal experience.

The construct of individual expectations explains that individuals volunteer based on anticipated outcomes of volunteer behavior. Observational learning can also explain volunteer behavior by suggesting that some people are motivated to volunteer after seeing others do so. Finally, the concept of reinforcement may provide insight into volunteer behavior as it suggests that positive

reinforcements such as intrinsic and extrinsic rewards can motivate individuals to volunteer (Klein & Sondag, 1994).

A variety of studies have been conducted which identify basic, uncategorized motivations for volunteer behavior. These motivations include:

desire to help others, a commitment to an agency's mission, desire to stay busy, healthy and active, career development, understanding of self, assistance in dealing with some of (my) own problems (Marriot Seniors Volunteerism Study, 1991 cited in Black & Kovacs, 1999, p. 3) (Ilsley, 1990; Independent Sector, 1990; Lee & Burden, 1991; O'Reilly & Caro, 1994, cited Black & Kovacs, 1999, p. 3).

A national survey conducted in 1992 found that the most frequently mentioned reasons for volunteering were ". . . importance of helping others, compassion for people in need, working for an important cause, enjoyment of the volunteer work" (Hodgkinson & Weitzman, 1992 cited by Bojean & Markham, 1994, p. 3). Ostrander (1984, cited in Bojean & Markham, 1994) found that individuals volunteer:

because of family tradition, a desire to participate in policy making, to demonstrate that they need not work for pay, to repay a perceived debt to society, and to influence agency agenda (p. 4).

Smith (1982, cited in Black & Kovac, 1999) contends that "volunteers receive the psychic benefit of feeling good as a consequence of helping others" (p. 9). Jenner (1982, cited in Bojean & Markham, 1994) found that:

major satisfactions derived from participation include personal growth, community service, association with others, feelings of accomplishment, service to others, self-fulfillment and self-esteem (p. 4).

It is evident from the research that individuals volunteer for many reasons and that people often volunteer for more than one reason. It is also evident that the rewards or consequences of volunteering are varied.

Another interesting factor commonly discussed in volunteer literature relates to recruitment and retention of volunteers. Motivation is closely associated with satisfaction, commitment, and length of service. As such, volunteer coordinators should monitor closely the satisfaction level of their volunteers and seek to provide opportunities that will allow for a balance of creativity and responsibility in an attempt to uphold personal fulfillment and motivation.

Marx (1999) conducted a "secondary analysis of national survey data" which had been collected for the Independent Sector by the Gallup Organization in order to examine "various motivational factors associated with volunteering specifically in the health and human services" (p. 54). He analyzed data that had been collected from questionnaires administered in face-to-face



interviews with 2,719 adult Americans. Survey participants were 51.5% female and 48.5% male. About three-quarters of the sample were white and about one-quarter were identified as a minority. Those participants identified as volunteering in human services were involved in a variety of service provisions such as foster care, family counseling, homeless services, food, housing/shelter, United Way, Catholic Charities, Protestant Welfare Agencies and other federated campaigns.

Based on the analysis performed on the data from the Gallup Organization, Marx (1999) identifies a number of motivations associated with volunteer activity. These include peer recognition, altruism, career development, to gain a new perspective, to feel needed, and to cope with personal problems. With respect to specific motivations for human service volunteers as opposed to health service volunteers, the former were ". . . more likely to state 'altruism' and 'to gain a new perspective' as reasons for volunteering" (p. 60).

One of the limitations of this study with respect to generalizability is that it included volunteers from a wide range of human services which is in contrast to the purpose of the present study which was much more narrow in

its focus upon volunteers who work with older adults. However, it can provide a beginning-level understanding of some of the general factors which motivate individuals to become volunteers within a human service field.

Regarding older adults, Bass and Caro (1995, p. 81 cited in Marx, 1999) found:

gender, age, education, health, and religious activity to be significant predictors of elderly volunteering in the health sector, while religious activity had a significant negative association with elder volunteering in social service institutions (p. 52-53).

Marx (1999) also cites Chambre (1987) who found that:

factors with the strongest influence on volunteer activity among people aged 60 and over (n=2,088) were a person's overall activity level, educational achievement, life satisfaction, and age (p. 54).

Okun, Barr & Herzog (1998) review several models of motivation to volunteer including the unidimensional model, the bipartite model and the multifactor model. The unidimensional model described by Cnaan & Goldberg-Glen in 1991 holds that "volunteers act not from a single motive or a category of motives but from a combination of motives that can be described overall as a 'rewarding experience'" (p. 281 cited in Okun, Barr & Herzog, 1998, p. 609). In other words, "the commitment to assist others, although a combination of many motives, is nonetheless a unified

whole" (Pinker, 1979; Titmus, 1971 cited in Cnaan & Goldberg-Glen, 1991 p. 275).

The bipartite model (Frisch & Gerrard, 1981; Latting, 1990 cited in Okun, Barr & Herzog, 1998) holds that "people are motivated to volunteer by concerns for others (altruistic motives) and self (egoistic motives)" (p. 609). The multifactor model, which is defined through a functional theory of motivation to volunteer, explains acts of volunteering ". . . in terms of differences in the motives that are satisfied, the needs that are met, and the goals that are reached" (Clary, Snyder & Ridge, 1992, cited in Okun, Barr & Herzog, 1998, p. 609).

Penner & Finkelstein (1998) describe the volunteer process model (Omoto & Snyder, 1990, 1995; Omoto, Snyder & Berghuis, 1993; Snyder & Omoto, 1992) which ". . . considers both the antecedents of volunteering and what happens to volunteers over time" (p. 525). Omoto & Snyder believe that "because there are usually few situational constraints on the initial decision to volunteer, dispositional variables play a major role in this decision" (p. 525). The volunteer process model emphasizes motives within the framework of functional analysis of prosocial behavior. This framework views volunteering as serving different

functions for different people. As such, understanding why a person volunteers is dependent upon understanding what particular psychological function(s) volunteering serves for the individual.

Clary, Snyder, Ridge, Copeland, Stukas, Haugen & Miene (1998) provide a comprehensive assessment of the motivations of volunteers within a functional approach. Clary et al. began with functional theorizing offered by Katz (1960, cited in Clary et al., 1998) and Smith et al. (1956, cited in Clary et al., 1998) which focused on the classic theories of attitudes. Katz and Smith et al. held that certain attitudes serve the following various functions: knowledge function, value expressive function, and ego defensive function.

Katz proposed a utilitarian function by which attitudes reflect experiences with rewarding and punishing events, and Smith et al. proposed a social adjustive function served when attitudes help people fit in with important reference groups (Clary et al., 1998, p. 1517).

With consideration to the diversity of motivations of behavior, Clary et al. proposed that "the diverse functions identified in such functional theorizing have their counterparts in volunteers' motivations" (p. 1517). They identified six motivational functions served by

volunteerism. These include (1) values: the expression of values which relate to altruism and humanitarian concern for others, (2) understanding: gaining new learning experiences and exercising knowledge, skills and abilities which might otherwise go unused, (3) social: having the opportunity to engage in relationship and activities with friends, (4) career: gaining career-related benefits, (5) protective: serving to ". . . reduce guilt over being more fortunate than others and to address one's own personal problems" (p. 1518), and (6) enhancement: volunteering as a means of maintaining or enhancing one's positive affect; personal development; and development of self-esteem.

Clary et al. have developed an instrument designed to measure the above-mentioned functions. This instrument is called the Volunteer Functions Inventory (VFI). In order to test its reliability and validity, Clary et al. conducted six studies involving individuals with and without volunteer experience. They tested the theory of the functional approach to motivations to volunteer and tested whether the VFI was an appropriate measure of those motivations. They tested a variety of populations in order to determine its range of application. They studied three important aspects of volunteerism, namely



recruitment of volunteers, promotion of satisfying volunteer experiences, and fostering longer-term commitments to volunteering. They researched the relationship between levels of satisfaction of volunteering and engagement in specific volunteer activities. Finally, they examined:

. . . the role of individuals' motivations for volunteering and the benefits they receive for volunteering in influencing their intentions to continue their involvement in and commitment to volunteerism (p. 1525).

The studies Clary et al. performed confirmed that motivations for volunteering can be conceptualized and measured. The VFI was found to have both reliability and validity in measuring motivations, and it could be appropriately used with a sample that represented diversity in age and experience. It was found that satisfaction with volunteer activity depends on ". . . the match between an individual's motivational goals and the fulfillment of those goals" (p. 1525). Finally, it was determined that:

volunteers who received benefits relevant to their primary functional motivations were not only satisfied with their service . . . but also intended to continue to volunteer in both the short- and long-term future (p. 1526).

It should be noted that this study identified motivations of ". . . generic relevance to volunteerism" (p. 1528). As such the items used in the VFI do not focus on specific kinds of volunteering, but rather volunteer behavior in general.

Although the body of literature related to general volunteer motivations is extensive, there is presently a lack of information about motivation to volunteer within the long-term care ombudsman programs. One of the few studies which has addressed this issue was conducted by Nathanson & Eggleton (1993). They investigated the influences of:

the written contract (program effect) versus the stated reasons for volunteering . . . on length of volunteer service for a group of 106 ombudsman volunteers (p. 95).

The study involved four cohorts of current and former volunteers in the Ombudservice Program of Nassau County, New York. They included females over 60 years of age, females under 60 years of age, males over 60 years of age and males under 60 years of age. These distinct groups were studied because the literature suggests that motivation to volunteer may vary between the groups. Fifty-three of the participants were active volunteers and

53 were drawn from a random sample of inactive volunteer files. "The data used for this study were compiled from the in-house generated assessment questionnaire designed by the Ombudservice of Nassau County" (p. 95).

There were five motivation categories which were offered on the questionnaire. These included: (1) Advocate, (2) Give back, (3) Empathy/elderly, (4) Family in nursing home, and (5) Job experience/Educational requirement. Of the 106 volunteers, 37.7% reported advocacy and 28.3% reported "give back" as the motivation for volunteering in the Ombudservice program. These are followed by 19.8% reporting having had family in a nursing home, 6.6% reporting job experience/educational requirement and 4.7% reporting empathy as the motivation for volunteering. This response pattern was repeated when age and gender were cross-tabulated with motivation response. And there was no pattern difference when the cohorts were broken into active/inactive status categories.

The study also found that the:

non-contract signers who fulfilled the twelve month term of their verbal commitment tended to report advocacy as a motivation for volunteering at a higher rate of frequency than the other three groups. This finding suggests that the endogenous motivation can

be as important an influence as an external constraint on length of volunteer service (p. 109).

One of the implications Nathanson & Eggleton (1993) discuss related to motivation to volunteer is that "program emphasis may be more of a factor in shaping internal motivations and/or in attracting types of volunteers than age or gender" (p. 110). They also note that the initial motivation to volunteer and sustained volunteering ". . . may be related to both internal factors and external supports" (p. 113). Therefore, it is important for administrators of volunteer ombudsman programs to consider not only implementing the external reinforcements (such as contracts and rewards), but also to be aware of the range of internal motivations which influence individuals to volunteer.

The present study used the functional approach to evaluate motivations of volunteers specifically within an ombudsman program. It utilized the Volunteer Functions Inventory, as this instrument demonstrates validity and reliability in measuring motivations to volunteer. This study sought to expand the body of research which was a partial focus of Nathanson & Eggleton's (1993) study in Nassau County.

## CHAPTER THREE

### METHODOLOGY

#### Research Design

The present study was exploratory and sought to identify the factors which motivate individuals to volunteer in a Long-Term Care Ombudsman Program. Two primary research methods were used. The first was an exploratory survey that employed a Likert scale to measure the functions served by volunteerism. Demographic information was collected to identify any specific characteristics or patterns related to volunteer motivations.

This research approach was used for a number of reasons. First of all, there was a lack of research related to motives for volunteering specifically within ombudsman programs serving older adults. As such, it followed that an exploratory study would be the most appropriate method of research in that it could provide a foundational level of understanding volunteer motivations within a specific service model.

Second, the use of an exploratory survey allowed for the collection of data from a specific number of subjects

within a reasonable time frame. This approach was expected to be effective in exploring the research topic and efficient with respect to the time constraints placed upon the researcher and subjects. Given that the volunteers working for the LTCOP were not paid for their service and that the volunteers' time was a high commodity, it was reasonable to conduct the research in a manner that would produce accurate and complete responses within a relatively short period of time.

The second research method involved the use of focus groups. The researcher conducted a focus group in each of the Long-Term Care Ombudsman Program offices to further explore volunteer motivations. This method allowed the researcher to explore in more detail certain concepts that were identified in the surveys. It also allowed the researcher to explore additional concepts related to retention, recognition, satisfaction and program operations. It was expected that the data collected from the groups would offer particularly valuable insights which might otherwise not have been discovered.

The study was limited to the Long-Term Care Ombudsman Program of the Volunteer Center of Riverside County. No other senior ombudsman programs were included in this

study. This means that the results cannot be generalized to other ombudsman programs. However, the results do provide some basic insights which may be helpful for other operating senior ombudsman programs as well as for future research.

As stated previously, the research question developed for this study was: "What factors motivate individuals to volunteer in the Long-Term Care Ombudsman Program of the Volunteer Center of Riverside County?"

#### Sampling

The data for the present study was obtained from current volunteers at the Long-Term Care Ombudsman Program, a program operated within the Senior Ombudsman Services (SOS) Program of the Volunteer Center of Riverside County. Given the moderate number of volunteers enrolled with the LTCOP, the researcher sought participation from all current volunteers as opposed to drawing an even smaller sample from the entire pool of volunteers. The volunteers represented three LTCOP offices located in the cities of Cathedral City, Hemet and Riverside.

## Data Collection and Instrumentation

The survey consisted of the VFI instrument, demographic questions and several narrative questions. Various demographic data represented nominal and ratio levels of measurement. These data included age, gender, ethnicity, marital status, number and ages of children, educational level, employment status, veteran status, socioeconomic status, and religious affiliation (Appendix H).

Other data collected which were of particular interest to the agency included volunteer experience, prior interaction with the long-term care system, certification date (as an ombudsman), average hours of volunteer service, perspectives on paperwork responsibilities, and satisfaction levels with the overall volunteer experience.

The various motives for volunteering were researched through the use of the Volunteer Functions Inventory (VFI) (Appendix B). The data collected from this instrument were ordinal in nature.

The Volunteer Functions Inventory measured six psychological and social functions served by volunteerism.



These functions were represented within six scales identified as values, understanding, career, social, protective and enhancement. The VFI consisted of a total of 30 items, with 5 items assessing each of the six functions.

Respondents were asked to indicate "how important or accurate each of the 30 possible reasons for volunteering were for you in doing volunteer work at the SOS Program," using a response scale ranging from 1 (not important/not accurate at all) to 4 (extremely important/extremely accurate). Scale scores resulted from averaging scores on the five items, such that individuals' scores on each scale could range from 1 to 4; the higher the score, the greater the importance of the motivation.

With respect to validity of the Volunteer Functions Inventory, Clary et al. (1998) performed factor analysis and found that "items from each scale loaded on their intended factor and did not load with items from different scales" (p. 1519) (with the exception of one item from the enhancement scale which "... loaded with the understanding items on the fifth factor" (p. 1519)). With respect to reliability, the scales of the VFI which assess the six functions served by volunteering were found to

have internal consistency, with a range of  $\alpha = .80$  to  $.89$ . The average intercorrelation among those scales was  $.34$  (Clary et al., 1998). The test-retest correlation for the scales ranged from  $.78$  to  $.64$  (all  $p \leq .001$ ), which indicated that "... the individual VFI scales are stable over a 1-month interval" (p. 1522).

Clary et al. (1998) do not specifically discuss cultural applicability of the VFI in the referenced article, outside of noting that "exploratory and confirmatory analyses (were) conducted on different and diverse samples" (p. 1527). The studies which were performed in developing and testing the VFI were done in Minneapolis and St. Paul, Minnesota. Clary et al. do not provide any specific detail regarding ethnic breakdown of research participants. This does raise some questions about cultural sensitivity. The VFI scales represent broad concepts which were developed with consideration of classic theories of attitudes offered by Katz (1960) and Smith et al. (1965) (cited in Clary et al., 1998). These concepts may be broad enough to be generalized to some ethnic groups, but not others, depending on what ethnic groups were represented in the formation of these theories of attitudes.

The focus groups involved the use of eight research questions which were developed collaboratively by the researcher and the Program Director of the Long-Term Care Ombudsman Program (Appendix G). The questions were developed with consideration of the specific concerns, interests and needs of the LTCOP with respect to recruitment, retention, and recognition efforts, as well as other issues affecting development of the volunteer program.

#### Strengths and Limitations

One strength of the survey method was that it allowed the researcher the opportunity to seek full participation. This was, in part, due to the fact that the survey was not significantly time-consuming for the researcher and participants. One limitation of the data collection method was that it did not allow for discussion, clarification or expansion of concepts identified through the survey. As such, it limited or confined the respondents to certain categories related to volunteer motivation. In order to offset this limitation, the researcher chose to conduct focus groups which would allow for discussion, clarification and expansion of those general concepts identified in the surveys.

There are a number of strengths and limitations of the VFI instrument being used for this study. One strength of the VFI is that it has specific applicability for managers of volunteer programs. It can identify what functions served by volunteering are most prevalent or more prevalent than others within the specific population of volunteers recruited for a particular program. This, in turn, can assist managers in knowing more specifically who to target for volunteer recruitment efforts.

One limitation of the VFI is that it was constructed to identify motivations of generic relevance to volunteer behavior. Since the VFI does not contain items that are ombudsman-specific, there is no way to generalize results. In other words, the motivations relate only to volunteerism in general, not to a specific kind of volunteerism. This limitation was not significantly problematic for this study in that the instrument did provide a basic framework from which to understand motivations to volunteer.

## Procedure

### Survey Administration

The researcher requested that the LTCOP Director send letters to all volunteers, informing them that they would be asked to complete a survey during the upcoming monthly volunteer training. The letters were mailed to all volunteers two weeks prior to the training. The researcher traveled to the three LTCOP offices during the last week of September and administered the survey to all willing volunteers during the first 25 minutes of the monthly training. Ten surveys were completed by the Cathedral City volunteers; six surveys were completed by the Hemet volunteers; and four were completed by the Riverside volunteers.

After each of the September training sessions, the researcher obtained a copy of the sign-in sheet from the Program Director to determine which volunteers were absent from the meetings. The researcher made phone calls to all the individuals who had been absent in order to inform them about the survey and ask if they would consider completing the survey if it was mailed to them. It took the researcher approximately three weeks to make contact

with all volunteers. There were several with whom the researcher was unable to make contact at all due to incorrect phone numbers or other unknown reasons. Of the eighteen surveys mailed to the remaining volunteers, fifteen were completed and returned to the researcher. However, one of the surveys was not included in the study because it was returned without a signed informed consent form. This resulted in a total of thirty-four surveys completed.

#### Focus Group Facilitation

The focus groups were conducted during the second hour of the January volunteer trainings in each of the LTCOP offices. As with the surveys, the researcher requested that the Program Director mail letters to all volunteers, informing them that the focus groups would be conducted during the January meeting. The researcher contacted each of the Area Supervisors who oversee the trainings to ensure that they were aware of the focus groups and to request that the researcher be allowed to begin the focus groups as close to the hour as possible.

The researcher contacted two volunteers from each office approximately one week before the focus groups in order to assign a primary recorder and a back-up recorder

for each of the groups. In addition to the primary recorder, the researcher also took handwritten notes, which proved to be of great benefit to the process. After each focus group was conducted, the researcher typed the notes from the primary recorder and the researcher to develop a detailed record of comments made during the groups.

Although eight questions had been developed for the focus groups, it was unrealistic to expect that all groups would cover all eight questions. Questions one, three and five were discussed in all three of the focus groups (Appendix G). Questions two, four and six were discussed only in the Hemet focus group. Questions seven and eight were discussed in the Cathedral City and Riverside groups. To summarize, after the first focus group was conducted, the researcher eliminated questions two, four and six for the remaining two focus groups due to anticipated time constraints. The questions were eliminated based upon interpreted level of importance to the study. By eliminating the above several questions, the integrity of the study was not significantly damaged because the remaining questions addressed the issues which were most central to the study.

As with the surveys, the volunteers were free to participate or not participate in the focus groups. The researcher acted as a facilitator during the focus groups. The questions were, for the most part, open-ended, thus allowing for open discussion. The facilitator sought to guide discussion only to the extent that was necessary, based on time constraints. Dialogue occurred freely between and among the volunteers and the researcher.

#### Protection of Human Subjects

A number of steps were taken in order to maintain confidentiality and anonymity of the research participants. First of all, the survey instructed all participants to refrain from writing their name on any part of the survey. Second, demographic information was handled categorically so as to limit the ability to identify any specific individuals participating in the study. Third, no supervisors or other staff members of the LTCOP had access to the actual survey documents. They were only given access to the general results reported from the surveys. All surveys were held in a confidential file to which only the researcher had access.



Finally, each participant received an informed consent form (Appendix D) and debriefing statement (Appendix E). The participants retained the debriefing statement for their own benefit and returned the informed consent form to the researcher. The informed consent forms were held in a confidential file to which only the researcher (and research supervisor) had access.

## CHAPTER FOUR

### RESULTS

#### Participants

Of the 41 volunteer ombudsmen, 34 participated in the survey, resulting in a response rate of 83%. Participants were 24 female and 10 male volunteer ombudsmen from three Long-term Care Ombudsman Program offices that were operated by the Volunteer Center of Riverside County. Twenty-nine of the volunteers were Caucasian, 3 were Hispanic and 2 were African American. With respect to employment status, 31 of the participants were retired, 2 were employed and 1 was not employed. The mean age of the volunteers was 68.03 ( $SD=8.69$ ); the mean length of volunteer service as ombudsmen was 58 months ( $SD=49.73$ ); and 88.3% reported educational experiences beyond high school, with 50% reporting some college courses taken and 38.3% reporting at least an undergraduate degree. Twenty-nine of the respondents indicated they had prior volunteer experiences.

There were 41 volunteer ombudsmen working among the three LTCOP offices when the focus groups were conducted. Of the 41 ombudsmen, 16 female and 10 male volunteer

ombudsmen participated in the focus groups, resulting in a participation rate of 63%. Seventeen of the participants were those who had been active volunteers during the time at which the survey research had been conducted. The remaining nine participants had been recruited and certified as ombudsmen in the months following the survey, but preceding the focus groups. With the exception of gender, no demographic information was collected on the focus group participants.

## Data Analysis

### Quantitative Data

As this study was exploratory in nature, the quantitative procedure used to analyze the quantitative portions of the survey data involved the use of descriptive statistics. Tests of correlation were performed to determine if there was any association between variables and what the strength of that association was. T-tests and analysis of variance (ANOVA) procedures were performed to examine the means and variances of two or more groups to determine if the groups were statistically different from one another.

Results of the data collected through the VFI instrument indicated the following order of importance, from most important to least important, for each scale with respect to motivation to volunteer: values, understanding, enhancement, protective, social and career. Table 1 (Appendix I) includes the VFI sample means, standard deviations, ranges and minimum and maximum respondent scores. The volunteers indicated that they were most highly motivated by factors indicated in the values scale and least motivated by factors indicated in the career scale. It is interesting to note, however, that the career scale evidenced the greatest range of individual respondent scores.

T-tests were conducted on the VFI scales and certain demographic variables (APPENDICES J AND K). Results of a t-test indicated that males and females did not differ significantly ( $p > .05$ ) with respect to any of the scales (values, understanding, enhancement, protective, social and career). Results of another t-test indicated that there was no significant difference ( $p > .05$ ) between respondents who indicated they had an active religious affiliation and those who indicated they did not have an active religious affiliation with respect to values,

understanding, protective, social and career scales. However, the difference for the understanding and protective scales did approach significance (Appendix J). Those who indicated they had an active religious affiliation had a higher mean score on the understanding scale than those who indicated they did not have an active religious affiliation. With respect to the protective scale, those with an active religious affiliation also had a higher mean score than those without an active religious affiliation.

Significant differences between those who had an active religious affiliation and those who did not were observed with respect to the enhancement scale (Appendix J). Those who had an active religious affiliation had a higher mean score on the enhancement scale than those who indicated they did not have an active religious affiliation.

Another t-test indicated no significant difference ( $p > .05$ ) between respondents who indicated that their religious affiliation was an important reason for providing volunteer services and those for whom religious affiliation was not an important reason for volunteering with respect to all six VFI scales. However, the

difference for the social scale did approach significance (Appendix J). Respondents who indicated that their religious affiliation was an important reason for volunteering had a higher mean score than those for whom religious affiliation was not an important reason for volunteering.

Results of a t-test indicated that there were no significant differences ( $p > .05$ ) between respondents for whom the current volunteer experience was their first volunteer experience and those for whom the current volunteer experience was not their first with respect to all six VFI scales. No significant differences were found from a t-test that compared respondents who had been certified as ombudsmen for less than 58 months and those who had been certified for 58 or more months with respect to the six VFI scales. However, the difference for the enhancement and social scales did approach significance (Appendix J). Respondents who had been certified (as ombudsmen) for less than 58 months had a higher mean on the enhancement scale than those who had been certified for 58 months or more. Likewise, those who had been certified for less than 58 months had a higher mean on the

social scale than those who had been certified for 58 months or more (Appendix J).

Results of a t-test indicated that there were no significant differences ( $p > .05$ ) between respondents who had been certified for less than 58 months and those who had been certified for more than 58 months with respect to how knowledgeable they felt about the paperwork requirements expected of them as ombudsmen, how satisfied they were with the overall volunteer experience as ombudsmen and how they rated their current volunteer experience compared to other (previous or additional) volunteer experiences they had. The t-test did indicate, however, a significant difference between those who had been certified for less than 58 months and those who had been certified for 58 months or more with respect to how they rated the paperwork responsibilities (Appendix K). Those who had been certified for less than 58 months rated the paperwork responsibilities higher in priority than those who had been certified for 58 months or more.

There were no significant differences ( $p > .05$ ) found from a t-test that compared respondents who had only one other volunteer experience prior to or in addition to the current one and those who had more than one volunteer

experience with respect to the six VFI scales. However, the difference for the values scale did approach significance. Respondents who reported only one other volunteer experience had a higher mean score on the values scale than those who reported more than one volunteer experience.

Bivariate correlations were conducted on the VFI scales and certain demographic variables (including variables related to the volunteer experience). There was a significant correlation ( $r=.569$ ,  $p=.011$ ) between how satisfied the respondents were with the overall volunteer experience and the number of Skilled Nursing Facilities (SNFs) the respondents were serving in. There was a significant correlation ( $r=.605$ ,  $p=.002$ ) between the average hours the respondents were volunteering per month and the number of residential care facilities for the elderly (RCFEs) the respondents were serving in. There was also a significant correlation between age and the understanding scale ( $r=-.446$ ,  $p=.013$ ) and age and the career scale ( $r=-.474$ ,  $p=.008$ ).

Results from an ANOVA indicated that there were significant differences between respondent scores on the enhancement, protective and social scales based on level



of income (Appendix J). The results must be interpreted cautiously, since the sample is small. However, the mean scores demonstrate an interesting pattern which would be worth further consideration.

Results from another ANOVA indicated that there were significant differences between respondents who indicated they felt somewhat knowledgeable about the paperwork requirements, those who felt knowledgeable about the paperwork requirements and those who felt extremely knowledgeable about the paperwork requirements with respect to how satisfied the respondents indicated they were with their overall volunteer experience (Appendix K). Those who felt somewhat knowledgeable rated their overall volunteer experience lower than those who felt knowledgeable. Likewise, those who felt knowledgeable rated their overall volunteer experience lower than those who felt extremely knowledgeable.

#### Qualitative Data

The focus group data and the qualitative (or narrative) portions of the survey were analyzed through qualitative data analysis procedures. The researcher applied an analysis process identified by Lincoln and Guba (cited in Erlandson, Harris, Skipper & Allen, 1993). This

process involves three elements: (1)unitizing data, (2)emergent category designation, and (3)negative case analysis. Unitizing data is defined as:

disaggregating data into the smallest pieces of information that may stand alone as independent thoughts in the absence of additional information other than a broad understanding of the context (p.117).

The researcher employed this technique with a moderate amount of license in that not every unit of data was coded individually, but rather each unit of data which related significantly or recognizably to the question was coded. Some comments which were interpreted more as contextual comments may not have been coded since, after interpretation, they were determined to be less relevant to the primary research question.

Emergent category designation involves a process whereby all of the units of data are sorted into categories of ideas. Erlandson et al.(1993)note that this process:

allows categories of thought characteristic of a particular setting to emerge intuitively as the researcher's own background and latent theory interact with these data (p.118).

The researcher reviewed a unit of data, compared that unit to the next unit and so forth. Categories were developed

as units which did not fit in any of the previously established categories appeared. The data in each of the categories were reviewed and titles or descriptive phrases were assigned to each of the categories.

Negative case analysis involves:

addressing and considering alternative interpretations of the data, particularly noting pieces of data that would tend to refute the researcher's reconstructions of reality (p.121).

One of the factors that contributed to the researcher's ability to engage in this process more objectively was that the researcher had not developed a distinct hypothesis related to the research question at the time of analysis. Through this process, the researcher sought to reflect not only upon the typed transcripts from the focus groups, but also upon the context in which comments were made in the focus groups. Although this recollection was not the sole basis for any conclusions, it was an invaluable tool in interpreting respondents' comments since those comments included non-verbal cues, facial expressions, nods of the head and other forms of interpersonal communication.

All responses to the nine narrative questions from the survey are listed categorically in Appendix L. For the

purposes of this study, the researcher will discuss in detail the primary question related to motivation to volunteer. This question asked the respondents to explain in their own words why they were volunteering for the SOS (LTCOP) Program. The responses to this question were consistent with the results of the VFI. The most frequent response (N=24) involved the expression of values. This included the desire to help or give to others, a sense of compassion or concern, the desire to give back or pay back, the desire to make a difference and the desire to advocate for others.

The second most frequent response was categorized as "personal/work experience." Twelve comments were made which referenced personal, work or volunteer experiences which impacted the respondents' current decision to volunteer. The other response categories included, in descending order of frequency: skills/knowledge/intellect, interest in field/population, family values, activity, and other.

The eight other narrative questions asked respondents to comment on the following: (1) whether the respondent had ever had a loved one placed in a long-term care facility, (2) the quality of the respondent's experience of

having a loved one place in a long-term care facility, (3) ethnicity (other), (4) most recent occupation (if retired), (5) current occupation (if employed), (6) active religious affiliation, (7) whether religious affiliation was an important reason for their personal choice to volunteer, and (8) their thoughts and feelings regarding the paperwork responsibilities required of them as ombudsmen (Appendix L).

The data obtained from the focus groups were diverse and offered significant insight with respect to motivation to volunteer (Appendix M). The research indicated that the two most frequent ways in which the respondents had learned about the LTCOP was through a personal, work or volunteer experience or through a local newspaper ad. Other means included exposure within a nursing home, receiving a flier, hearing a public service announcement on television, hearing a guest speaker in a church, having personal contact with an existing ombudsman, a family member or friend, and having received a letter from the American Association of Retired Persons (AARP).

With respect to how the respondents were drawn to the volunteer position, the two most frequent responses involved an influence based on a personal, work or

volunteer experience and the desire to express values. With respect to the influence of a personal, work or volunteer experience, respondents indicated that such experiences led them to an awareness of the needs and/or problems faced by the institutionalized elderly.

With respect to the expression of values, the respondents offered comments very similar to those offered in the quantitative and qualitative portions of the survey. The expression of values involved a sense of concern or compassion for others, a desire to help, give back or pay back, a desire to make a difference and a sense of responsibility to offer help through volunteering.

Various benefits of volunteering as an ombudsman were identified by the respondents. Benefits experienced by the volunteers included benefits to "the self" (i.e., ego, self-worth), mental or intellectual benefits, and the inherent rewarding nature of the actual work. The volunteers identified the benefits experienced by others primarily in terms of the specific functions, tasks or roles the ombudsmen fill. These include "just being there" for the residents, talking with the residents, serving as a sounding board, a security blanket, and a

connection to the outside world, addressing needs and handling issues and questions.

The primary challenge faced by the ombudsmen was identified as problems within long-term care facilities. These problems included: (1) staff denying problems, (2) staff impeding the progress of the ombudsmen's work, (3) problems related to the administration, (4) rigid boundaries among the staff, resulting in inadequate care for residents, (5) lack of concern and (6) lack of efficiency on the part of the staff.

There were a few challenges mentioned by the volunteers with respect to the LTCOP volunteer program. These problems were identified as administrative issues (i.e., lack of communication, frustration with certain decisions made by the administration) and educational and training issues (i.e., need for additional education as well as training resources).

The volunteers were asked to indicate what motivated them to continue providing ombudsman services in light of the challenges associated with the position. The intent of this question was to elicit insight which might impact retention efforts. The comments offered in response to this question included seeing results from their work,

seeing problems resolved, seeing changed persons (i.e., happy affect), the desire to continue expressing values through participation in the program, and other resident-oriented responses, such as identification with the residents, motivation because of the residents and a desire to work with the elderly.

The volunteers were also asked to indicate how well they felt their efforts were being recognized. Responses involving positive and negative positions were offered, and suggestions for recognition efforts were made. Several of the positive responses indicated that the work itself was the reward. Others indicated that they appreciated the efforts the LTCOP had made (i.e., annual recognition luncheon, news article featuring several ombudsmen, informal encouragement from Area Supervisor). Negative comments involved not having been informed of changes in recognition plans, lack of preference for the recognition luncheon, lack of feeling respected by the administration and feeling that some of the work produced by the ombudsmen was not being responded to (affirmed) appropriately.

Suggestions regarding recognition efforts included the continuance of opportunities for peer recognition,



additional or more responsive recognition from the Area Supervisors and additional opportunities for involvement in public events. Participation in relevant local meetings and increased educational training were identified to be as desirable as recognition for some.

With respect to volunteer recommendations for program improvements, the primary response involved training efforts. The volunteers affirmed the administration's efforts and requested that such efforts be maintained with regard to offering flexibility in scheduling the initial 36-hour training sessions. Allowing future volunteers to attend such sessions during evenings and weekends was encouraged.

Several volunteers indicated that they would encourage the administration to allow newer volunteers to "shadow" more experienced volunteers on facility visits. This would allow newer volunteers to learn from direct, hands-on experience and would help build their confidence.

## CHAPTER FIVE

### DISCUSSION

#### General Discussion

The results of this research project support the findings of studies cited in the literature review in so far as a wide variety of motivations influencing volunteerism were identified. Clearly demonstrated in this research are the various theories of motivation including the activity theory, the social motive theory, classification of needs, egoistic and altruistic theories, expectancy theory and social learning theory. In essence, people volunteer for many various reasons. The results or benefits of volunteerism are just as varied as the motivations.

The results from the quantitative and qualitative measures in the survey and the focus groups are consistent with one another. The primary motivation to volunteer was the expression of values related to altruistic and humanitarian concern for the institutionalized elderly. This was not a surprising result. However, it was an affirming result in that it supported the idea and hope that ombudsmen are acting foremost out of altruism.

It is interesting to note that the second highest motivation to volunteer related to the understanding function. It may be that this function was particularly important for this sample of volunteers because the majority of them were retired individuals. By volunteering, they may have hoped to be challenged and stimulated in the same way that they were challenged and stimulated in the workforce.

Although there were only two volunteers who were employed at the time of the survey, it is interesting to note that the career scale received the largest range of responses. In other words, although the career-related motivations were unimportant to most of the sample, they were important to those who were employed, as evidenced by the high ratings given in this category. This indicates to the current administration of the LTCOP that some individuals may be motivated by career-related factors, and that increased efforts of recruitment and retention toward this population may be profitable for both parties.

The research indicated that the more knowledgeable the volunteers perceived themselves to be regarding paperwork requirements, the more satisfied they were with their overall volunteer experience. This indicates the

importance of continuing efforts which equip the volunteers to understand and be comfortable with the paperwork requirements. It also may indicate the importance of communicating affirmation of the volunteers' work, in that such affirmation may positively affect their self-perceptions, and consequently, their self-confidence. The building of their self-confidence may result in a more positive perception of their overall volunteer experience.

It was interesting to discover that the volunteers who had been certified as ombudsmen for less than the average number of months (N=58) rated the paperwork responsibilities a higher priority than those who had been certified for a longer period of time. There may be several explanations for this finding. One explanation is that the newer volunteers may place a higher value on compliance with program standards than the volunteers who have been in the program longer.

Another possible explanation is that the newer volunteers received a different message about the importance of paperwork than those who were certified over 58 months. This would reflect a different level of training and supervision for these groups. The LTCOP Program Director confirmed that, indeed, the volunteers

who have been trained under her administration (over the past year) have been given more training with respect to the importance of and the procedures related to appropriate documentation.

A third possible explanation is that those who have been certified longer place less value on the "rules" and/or technical responsibilities of the ombudsman role, and place a higher value on the process and outcome of the ombudsman responsibilities. It may be that, after time, the more experienced volunteers see the bigger picture and, consequently, place higher value on those activities which appear to facilitate significant influence upon the lives of the elderly or upon the long-term care institution. In other words, high value might be placed on advocating for a senior with a life-threatening decubitus ulcer because it is a direct activity that has potential to make a direct impact. In contrast, completing paperwork to describe what is happening with this resident's health does not result in an immediate improvement in that resident's condition (although it contributes to the effectiveness of the overall care plan for that individual).

The researcher is not presuming that the more experienced volunteers either do not comply with or see the value in the paperwork responsibilities. They may, in fact, treat these responsibilities with the same care as the less experienced volunteers, but simply place more inherent value in the act of providing direct help to residents than on completing paperwork.

Another interesting finding was that the volunteers who had an active religious affiliation were more likely to volunteer for enhancement functions than those who did not have an active religious affiliation. It may be that the sense of self-worth of those who have an active affiliation with a religious institution is, in part, tied into the messages conveyed through that institution. Some of the common messages conveyed through these institutions relate to how the individual should treat others, respond to others and care for others, particularly those in need or in vulnerable positions.

#### Models of Motivation to Volunteer

The researcher developed three models of motivation to volunteer based on the data that was collected from the focus groups (Appendices N, O, and P). These models

provide some valuable insights into the processes that lead up to the individual's decision to volunteer, the nature of volunteer behavior as defined by the respondents, and the hopes and expectations of the respondents with respect to the impact their volunteerism makes.

#### "Internalized Helping Response"

The first step of this model demonstrates that a significant personal or work/volunteer experience occurs in the life of the individual. In this case, personal experience most commonly involves the individual experiencing an interaction with an institutionalized parent or being exposed to the effects of a long-term care facility upon a family member, close friend or other resident. Work or volunteer experience involves the individual experiencing an interaction with an institutionalized person or being exposed to the effects of a long-term care facility upon an institutionalized person within the individual's employment or volunteer capacity.

Of the twenty-six focus group participants, 62% (n=16) identified having had a personal or work/volunteer

experience that facilitated their awareness of certain needs or problems faced by the institutionalized elderly. The most common references to personal experiences involved having a parent placed in (and in some cases, die in) a long-term care facility and visiting a family member or friend in a long-term care facility. References to work or volunteer experiences involved: (1) having been employed within a hospital or long-term care setting, (2) having been involved in volunteer work within another agency which interfaced with the elderly population, and (3) having been involved in an educational program which focuses on older adults (i.e., gerontology).

The second step of the model demonstrates that the above-referenced personal or work/volunteer experiences facilitate the individual's awareness of needs/problems faced by institutionalized elderly. This step involves an "experiential-educational" process versus an "informational- educational" process. The term "experiential-educational" refers to a process whereby knowledge is gained through an experience, whereas the term "informational-educational" refers to a process whereby knowledge is gained through the receipt of information from a particular source outside of oneself.



This model demonstrates that, for some individuals, motivation to volunteer is impacted by how the individual becomes aware of the needs and problems faced by the institutionalized elderly, not just that the individual becomes aware of those needs and problems. Although both forms of education have inherent worth, within the context of motivation to volunteer it may be that the "experiential-educational" process is more successful in influencing one's attraction and response to a volunteer opportunity than the "informational-educational" process, particularly because the experiential-educational process not only engages the individual on an intellectual or mental level, but also on an affective or emotional level.

Participants made a variety of comments that demonstrated their awareness of the specific needs and/or problems faced by the institutionalized elderly. These include problems related to isolation of residents such as lack of visitors and lack of opportunities for interpersonal communication/interaction, quality of care issues such as unacceptable living conditions and inadequate medical and personal care (including those associated with neglect and abuse), and a general level of vulnerability experienced by the elderly based on

biopsychosocial limitations (some of which may have contributed to their initial admittance to the facilities).

Although this model focuses primarily on an awareness of the problems faced by the residents of long-term care facilities, several respondents recognized the challenges facility administrators are faced with in managing and providing adequate services to their residents. This is worth noting herein because the challenges administrators are faced with in managing a facility directly impact the existence of or lack of problems affecting the residents.

The third step of the model illustrates the development of personal concern, which is elicited through identification on the part of the prospective volunteer with the elderly individual(s) he or she comes in contact with during the personal or work/volunteer experience. Identification involves "put(ting) oneself in another's place, so as to understand and share the other's thoughts, feelings, problems, etc.; sympathize with" (Webster, p.669).

The respondents' identification with the institutionalized elderly was evidenced by comments that referenced a sense of personal concern or care for the

elderly. It is instructive to consider within this step Webster's definitions of "concern" and "care" (1988).

"Concern" is defined as, "interest in or regard for a person," (p. 288) and "care" is defined as, "a troubled or burdened state of mind; worry; concern; to feel concern or interest" (p. 212). It was evident from the content and context of the focus groups that the respondents held deep feelings of concern and care for the institutionalized elderly.

It is particularly interesting to consider the expression of care within this context. A number of respondents indicated a sense of being troubled or burdened by seeing the conditions in which the institutionalized elderly were living. This was evidenced by comments that referenced being "appalled by", frustrated with or "depressed" because of the conditions in facilities, as well as having experienced compassion or empathy for the residents of LTC facilities. Concern and care were also evidenced by the intensity of emotion expressed by the respondents when discussing the problems faced by the institutionalized elderly.

This model does not dismiss the possibility that personal concern for this population may have existed for

some individuals prior to the personal or work/volunteer experience. In fact, given that a significant portion of the volunteers had worked in the health care or long-term care profession prior to their volunteer experience, it may be reasonable to consider that they may have chosen their profession, in part, due to a personal concern for or interest in the elderly population in general. In fact, at least 9 comments were made which validate this assumption. The comments made references to a natural "desire to work with the elderly" and an "interest in" or "attraction to" the elderly. This pre-existence of personal concern for the elderly does not, however, contradict nor negate the process described herein because this model speaks to a very particular experience which occurred in relation to a distinct population of elderly individuals at a specific point in time.

The final step of the model illustrates volunteer behavior as an active response to the experiential-educational stimulus and as an expression of personal concern. In this model, volunteerism is defined primarily in terms of helping behavior since the behavior involves offering direct help to those institutionalized elderly with expressed or implied needs.

This step demonstrates the actualization of the individual's personal concern through participation in an organized volunteer effort. In other words, the individual chooses to act in response to the cognitive-affective stimulus by offering concrete help to the institutionalized elderly through the ombudsman role. This kind of volunteerism involves a one-on-one relationship between the volunteer and the resident and involves direct helping behavior. The perspective that volunteerism, in this model, involves direct helping behavior is supported by the focus group participants, many of whom made reference to the desire to offer help to elderly residents and their family members. They also indicated a variety of helping behaviors which emphasized the one-on-one, relational aspects of volunteerism including the development of relationships with residents, visiting with them, identifying with them, giving to them, helping them and "just being there" for them.

Several other specific examples of this perspective of volunteerism follow. One of the respondents who had visited her mother in a long-term care facility saw that her mother's roommate "never had any visitors." Her choice to volunteer represents, in part, a desire to meet

the visitation needs of the elderly. Another volunteer expressed that she wanted to help someone else's mother because she felt that she hadn't been able to help her own mother who had been previously institutionalized.

Another respondent had been a nurse in a hospital and had seen institutionalized elderly admitted to the hospital because of health problems, some of which were related to neglect. This individual expressed a desire to offer help to the elderly in hopes of preventing such problems.

#### "Pay it Back"

The first step of this model indicates that "society" has made some positive contribution to the life of the individual. In this case, "society" may be defined in its broadest sense, including "all people, collectively, regarded as constituting a community of related, interdependent individuals" (Webster, p.1273). This definition may include any of one's friends, family or associates, one's immediate community, and the community-at-large.

In very general terms and within the context of the focus group discussions, it was interpreted that the respondents credited certain persons (such as family,

friends, community members) and organizations or institutions (such as religious organizations, places of employment and educational institutions) for making a positive contribution to their lives. Since these persons, organizations and institutions make up "society," this step identifies society as having made a positive contribution to the individual.

The second step of the model demonstrates that the individual recognizes that society has positively contributed to his or her life. In this context, "contribution" refers to that which is given by society, which may be tangible or intangible, and which may encompass a variety of forms such as opportunities, provisions or services offered to the individual that positively impact the individual biologically, psychologically, socially and spiritually. This step is demonstrated by respondents' comments related to having received much in life, having been given certain opportunities in life, and having been blessed in life.

The third step indicates that, in response to the individual's recognition of society's contribution to their life, he or she has a desire to reciprocate or offer back some personal contribution to society. The interest

in reciprocation expressed in this step was evidenced in the focus groups through comments made regarding a desire to "give back" to the community, "pay back" society, reciprocate blessings received, and to help others.

This is a crucial step in this model of motivation to volunteer in that it drives the individual to act. Without a desire to give back to society part of what it has given to the individual, possible volunteerism may be diminished or may not occur at all (depending upon the individual).

The final step demonstrates the individual's desire expressed in action through volunteer behavior. In this case, volunteerism is the means through which the individual actively pays society back for the contribution it has made to the individual. This step completes the cycle of motivation to volunteer as experienced by some of the focus group participants.

This model describes a motivational process that is influenced more by the individual's interest in engaging in an activity that will represent a process of reciprocation to society than an interest in engaging in activities that specifically involve ombudsman responsibilities. This is not to say that the individual



is not interested in engaging in responsibilities characteristic of the ombudsman. On the contrary, there is a distinct interest on the part of the volunteer to engage in such responsibilities, as indicated by the volunteer's choice to volunteer in the Long-Term Care Ombudsman Program. However, the initial motivation to volunteer is not facilitated by a specific interest in performing the ombudsman duties, but rather by an interest in engaging in some activity of service that will result in "giving back to society."

#### "Pay it Forward"

The first step of Side "A" of this model indicates that the individual recognizes that he or she could become vulnerable in the future to the point of needing help from society. In this case, vulnerability involves being in a position in which the individual would be institutionalized and would be in need of ombudsman (or ombudsman-like) services. Upon recognizing one's own vulnerability, the individual identifies with those elderly who are presently institutionalized and in need of help.

This step is supported by respondent comments such as, "I put myself in their place," and "What if I were in

that position?" These comments demonstrate concern (and possibly fear) about being institutionalized and being in a position in which certain personal limitations would require the utilization of ombudsman services. These kinds of comments also demonstrate a sense of identification with those who are currently institutionalized and who are dependent upon ombudsmen to meet or address certain biopsychosocial needs.

The second step of Side "A" illustrates that the individual chooses to impact others' lives in the present through volunteerism. The choice is an active response to the identification that took place during the first step of the model. In this case, volunteerism involves impacting others through the provision of ombudsman services which are characterized by one-on-one (volunteer-to-resident) helping behavior.

The desire to impact others' lives through volunteerism is supported by respondent comments indicating a desire to help others, a desire to improve the lives of others and a desire to "make a difference" in others' lives. Although the volunteer ombudsman is responsible to address both micro and macro issues affecting the institutionalized elderly, volunteers

represented in Side "A" of the model would likely be drawn to and interested in performing ombudsman services that involve micro skills or address micro issues. Examples of such services might include visitation (for the purposes of investigation), observation, problem-solving and educating the resident.

The final step of Side "A" involves that which the individual hopes will result in the future. In this case, it is hoped that society will impact the individual in a positive way, if and when that individual is in a position of needing one-on-one help, as would be offered through ombudsman (or ombudsman-like) services. This is based on a hopeful expectation that others would recognize the need and value of volunteerism, that they would choose to volunteer as ombudsmen and that they would, consequently impact the individual in a positive way by helping that individual if he or she is in need of ombudsman services.

If actualized, this step would demonstrate the nature of volunteerism in its ideal form in that it represents a cyclical pattern of helping behavior: the individual positively impacts the lives of others and, in turn, others positively impact the life of the individual. The

primary desired effect of the individual's volunteerism is the positive impact made upon another's life.

A secondary desired effect of the individual's volunteerism is the reciprocation of helping behavior by others in the future (when that individual is in need of help), resulting in a positive impact upon the life of the individual. This step was demonstrated by respondents who stated that they hoped someone else would do for them, in the future, what they were doing for others in the present and that someone would "be there" for them when they needed help.

The first step of Side "B" indicates that the individual recognizes that he or she could become vulnerable in the future to the point of needing to be placed in long-term care. Upon recognizing one's own vulnerability to the impact of the long-term care system, the individual identifies with those elderly who are presently impacted by the system (through institutionalization) and recognizes the need for improvement in the system.

This step is supported by respondent comments such as, "Someday, I may be there," and "Is this what will happen to all of us?" These comments represented concern

about being institutionalized and being in a position in which certain institutional problems or deficits would negatively impact the individual, thus necessitating the utilization of ombudsman services. These comments also reflected a sense of identification with those who are currently institutionalized and who are dependent upon ombudsmen to address systemic problems.

The second step of Side "B" illustrates that the individual chooses to "make a difference," or impact the system in the present through volunteerism. The choice to volunteer is an active response to the identification with the elderly who are presently impacted by the system, as well as a recognition that certain changes and/or improvements are needed in the system of care for the elderly. In this case, volunteerism involves impacting the long-term care system in hopes of improving the impact which that system makes upon the lives of the institutionalized elderly. The impact occurs through the provision of ombudsman services which address micro and macro issues within the long-term care system.

The desire to impact the system through volunteerism is supported by respondent comments indicating a desire to "help make changes and decisions" affecting the system of

care, a desire to "make a difference" and a desire to improve the management of long-term care facilities. Volunteers represented in this side of the model tend to be motivated by and seek opportunities to make a systemic impact through the ombudsman role. These individuals would likely be drawn to and interested in performing ombudsman services that involve macro skills or address macro issues such as advocacy, brokering, mediation, negotiation, and education of facility staff.

The final step of Side "B" involves that which the individual hopes will result in the future. In this case, it is hoped that the system of long-term care will be an improved system and will make a more positive impact upon the individual in the future (if and when the individual is directly impacted by the system) than it is presently making upon institutionalized elderly.

If actualized, this step would demonstrate the nature of volunteerism in its ideal form in that it represents a cyclical pattern of impact. The primary desired effect of the individual's volunteerism is the positive impact made upon the system and, consequently upon those elderly who are currently institutionalized. The secondary desired effect of the individual's volunteerism is the improved

impact of the system upon the individual (and others) in the future.

This step was demonstrated in a variety of respondent comments. Several respondents indicated that they were motivated to volunteer as ombudsmen because they wanted to use their professional skills and expertise to assist in improving the operation and management of long-term care facilities. Other respondents indicated that they were motivated to volunteer because they desired to make changes in the system while they were able to do so. These individuals recognized that there might come a time when they would be unable to make an impact in the system and when they might be impacted by the system through institutionalization. In light of this, these individuals chose to volunteer to make a positive impact upon the system in the present.

Volunteers represented in both sides of the model indicated a social obligation for the care of the elderly. One respondent commented, "If you live in society, you need to participate in it. It is an obligation." This respondent went on to express his concern that a better model of care for the elderly is needed. Another respondent indicated that she wanted to prepare for her (&

her generation's) future by helping to make changes in the present system of care. This individual was referring to the baby boomer generation. Another respondent stated, "When you find a need, you can't just walk away. You can't just say, 'Someone else will take care of it.'"

### Conclusions

The above three models of motivation to volunteer are fluid. The volunteers who participated in the focus groups represented various numbers and combinations of these models. This further supports the claims of researchers who hold that multiple motivations influence volunteerism.



## CHAPTER SIX

### RECOMMENDATIONS AND FUTURE RESEARCH

A variety of recommendations for program development were presented to the LTCOP Program Director based on this research project. These recommendations included development of recruitment efforts and tools, expansion of target populations and increased informal program efforts related to retention and recognition.

One primary recommendation was that the current marketing tools be rewritten and reworked to target potential volunteers based on each of the six volunteer functions identified by Clary et al. (1998). The tools include newspaper/internet ads, program brochures and public service announcements.

The researcher also recommended that these tools incorporate marketing strategies based on the three models of motivation to volunteer. In both cases, it was recommended that a distinct ad, brochure, and public service announcement be developed for each of the VFI functions and models. The ads and public service announcements could be placed on a rotating schedule so

that the various target populations are addressed on a cyclical basis.

Another recommendation for program development was based on the process of recruitment efforts. Specifically, it was recommended that the LTCOP continue to develop and seek ways in which to engage individuals on an experiential level during the recruitment process. Certain techniques may prove to be particularly effective in engaging individuals on this level during formal presentations to groups of potential volunteers. The use of reflection to access a specific memory about an institutionalized elderly person and/or the use of videos or photographs to depict unappealing, neglectful or abusive conditions within facilities might be useful means of engaging the individual's affect in addition to their intellect.

The researcher also recommended that recruitment efforts be focused on individuals who would be more likely to volunteer based on their prior work experience. This would include targeting individuals who are retired or employed nurses, hospital staff, social workers, hospice workers, or other social service or health professionals.

The LTCOP administrator was encouraged to capitalize on the various benefits available to career people through the ombudsman role such as the development of clinical skills (i.e., interviewing, observation, mediation, advocacy, problem-solving), gerontological experience, and professional interaction with family and resident councils, facility administrators, State licensing agencies, medical staff and social workers.

With respect to retention and recognition efforts, the researcher recommended that additional informal efforts be made to acknowledge the work of the volunteers. This includes increased opportunities for peer recognition, particularly within the context of the monthly volunteer training session, continued exposure within the public arena (i.e., participation in relevant meetings of interest, public events, seminars) and increased written affirmation (i.e., personal notes, annual "review" focusing on volunteer strengths and personal goals).

Finally, it was recommended that the LTCOP consider utilizing and administering the VFI and some of the demographic questions from the survey to all incoming volunteers. By identifying some of the general

motivations new recruits have with respect to volunteerism, the program will be better able to provide the resources and opportunities that will fulfill each volunteers interests and needs.

Although long-term care ombudsman programs have been federally mandated and in operation for over twenty years, the research regarding the use of volunteers within such programs is scant. This is particularly surprising, given that a significant number of ombudsman programs are forced to rely upon high volumes of volunteers in relation to paid staff because the financial resources of such programs are limited. Identifying the factors that motivate individuals to volunteer specifically as ombudsmen could prove to be financially and operationally advantageous for many ombudsman programs. The researcher recommends that the State Offices of the Long-Term Care Ombudsman Program and individual ombudsman programs consider conducting or facilitating research efforts regarding the motivation and utilization of volunteers. It is hoped that this present study will offer some foundational concepts related to volunteerism which might serve as a spring-board for such research efforts.

APPENDIX A:

LETTER OF APPROVAL TO CONDUCT  
RESEARCH AT THE VOLUNTEER  
CENTER OF RIVERSIDE COUNTY



Senior  
Ombudsman  
Service

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A Program of the VOLUNTEER CENTER OF GREATER RIVERSIDE

June 6, 2000

California State University  
San Bernardino  
Department of Social Work  
5500 University Parkway  
San Bernardino, CA 92407

To Whom It May Concern:

I hereby authorize Stefani J. Massongill, MSW Student/Intern from CSUSB,  
to conduct research related to motivation to volunteer within the Senior  
Ombudsman Services Program of the Volunteer Center of Riverside.

Please feel free to contact me at (909) 686-4402 if you have any questions  
regarding this matter.

Sincerely,

Edward (Ned) Cooney  
Executive Director

cc: Joyce Hogue  
S.O.S. Program Coordinator

---

2060 University Avenue • Riverside, California 92507 • (909) 686-4402 • 1-800-464-1123 • FAX (909) 686-7417  
P.O. Box 5376 • Riverside, California 92517-5376

APPENDIX B:

SURVEY

### Volunteer Functions Inventory

Please indicate how important or accurate each of the 30 possible reasons for volunteering are for you in providing volunteer services for the Senior Ombudsman Services (SOS) program by circling the most appropriate number below each statement. (Note: Do not respond to these statements as true/false statements. Rather, respond by identifying how important each of these statements are for you in volunteering.)

Not important/ accurate at all	Somewhat important/ accurate	Important/ accurate	Extremely important/ accurate
1	2	3	4
Volunteering can help me to get my foot in the door at a place where I would like to work.			
1	2	3	4
My friends volunteer.			
1	2	3	4
I am concerned about those less fortunate than myself.			
1	2	3	4
People I'm close to want me to volunteer.			
1	2	3	4
Volunteering makes me feel important.			
1	2	3	4
People I know share an interest in community service.			
1	2	3	4
No matter how bad I've been feeling, volunteering helps me to forget about it.			
1	2	3	4
I am genuinely concerned about the particular group I am serving.			
1	2	3	4
By volunteering I feel less lonely.			
1	2	3	4
I can make new contacts that might help my business or career.			
1	2	3	4
Doing volunteer work relieves me of some of the guilt over being more fortunate than others.			
1	2	3	4



Not important/ accurate at all	Somewhat important/ accurate	Important/ accurate	Extremely important/ accurate
1	2	3	4
<hr/>			
I can learn more about the cause for which I am working.			
1	2	3	4
Volunteering increases my self-esteem.			
1	2	3	4
Volunteering allows me to gain a new perspective on things.			
1	2	3	4
Volunteering allows me to explore different career options.			
1	2	3	4
I feel compassion toward people in need.			
1	2	3	4
Others with whom I am close place a high value on community service.			
1	2	3	4
Volunteering lets me learn things through direct, hands on experience.			
1	2	3	4
I feel it is important to help others.			
1	2	3	4
Volunteering helps me work through my own personal problems.			
1	2	3	4
Volunteering will help me to succeed in my chosen profession.			
1	2	3	4
I can do something for a cause that is important to me.			
1	2	3	4
Volunteering is an important activity to the people I know best.			
1	2	3	4
Volunteering is a good escape from my own troubles.			
1	2	3	4
I can learn how to deal with a variety of people.			
1	2	3	4

Not important/ accurate at all	Somewhat important/ accurate	Important/ accurate	Extremely important/ accurate
1	2	3	4
Volunteering makes me feel needed.			
1	2	3	4
Volunteering makes me feel better about myself.			
1	2	3	4
Volunteering experience will look good on my resume.			
1	2	3	4
Volunteering is a way to make new friends.			
1	2	3	4
I can explore my own strengths.			
1	2	3	4

Please mark an "X" in the most appropriate/accurate box for the following two questions.

Have you ever had a loved one (family member or close friend) reside in a long-term care facility?

- ☐ No  
☐ Yes

Was your experience of having a loved one placed and cared for in a long-term care facility:

- ☐ Negative  
☐ Neither Negative nor Positive  
☐ Positive  
☐ Not applicable

Please include any comments you may have regarding the two questions above:

---

---

---

In your own words, please explain why you volunteer at the SOS program:

---

---

---

---

### Demographic Information

Please mark an "X" in the appropriate box and/or write down the most appropriate response for the following items as they relate to you:

Age: \_\_\_\_\_

Gender:

☐ Female

☐ Male

Ethnicity:

☐ African American

☐ Asian

☐ Caucasian

☐ Hispanic

☐ Other: \_\_\_\_\_

Marital Status:

☐ Never married

☐ Married

☐ Divorced

☐ Widowed

Do you have any children?

☐ No

☐ Yes If yes, how many? \_\_\_\_\_

Please list the ages of each of your children: \_\_\_\_\_

Please indicate which item best describes the highest level of education you have completed:

- ☐ Less than 12 years
- ☐ 12 years (high school) or GED (General Education Diploma)
- ☐ Some college, but no degree obtained
- ☐ Undergraduate degree obtained
- ☐ Some Master's level courses taken, but no degree obtained
- ☐ Master's degree obtained
- ☐ Some Doctoral level courses taken, but no degree obtained
- ☐ Doctoral degree obtained

What is your current employment status?

- ☐ Retired

If retired, please indicate what your most recent occupation was:

\_\_\_\_\_

- ☐ Not employed

Comments: \_\_\_\_\_

- ☐ Employed

If employed, give average number of hours you currently work per week: \_\_\_\_\_

Please write your job title or kind of work performed:

\_\_\_\_\_

How flexible would you consider your job schedule to be?

- ☐ Not flexible
- ☐ Somewhat flexible
- ☐ Flexible
- ☐ Very flexible

Are you a veteran?

- ☐ No

- ☐ Yes If so, how many years have you been a veteran? \_\_\_\_\_

The following two questions about socioeconomic status are OPTIONAL.

**Socioeconomic Status:**

How many people contribute to your household income? \_\_\_\_\_

What is your **household annual** income? (Please circle one of the choices below.)

Under \$25,000

\$25,000-50,000

\$50,001-75,000

\$75,001-100,000

Over \$100,000

Do you have an active religious affiliation (i.e., involvement in church/synagogue/temple, etc.)?

☐ No

☐ Yes Please list the affiliation: \_\_\_\_\_

Would you consider your religious affiliation an important reason why you are providing volunteer services?

☐ No

☐ Yes

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Experience:**

In how many facilities do you provide SOS volunteer services?

SNFs: \_\_\_\_\_

RCFEs: \_\_\_\_\_

How many miles (roundtrip) do you travel in order to cover your assigned facilities for a given month? \_\_\_\_\_

Is your current volunteer work with the SOS program your first volunteer experience?

☐ No

If no, please list how many other volunteer experiences/positions you have had: \_\_\_\_\_

☐ Yes

On what date were you certified as an ombudsman? (Provide the most complete date including month, day and year, if possible.)

\_\_\_\_\_

How many average hours of volunteer service per month do you provide for the SOS program? \_\_\_\_\_

With consideration of all the various responsibilities you hold as an ombudsman, how would you rate the paperwork responsibilities?

☐ Low priority

☐ Moderate priority

☐ High priority

How knowledgeable do you feel about the paperwork requirements expected of you as an ombudsman?

☐ Not knowledgeable

☐ Somewhat knowledgeable

☐ Knowledgeable

☐ Extremely knowledgeable

What are your thoughts/feelings about the paperwork responsibilities required of you as an ombudsman?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Use the back of this page if additional space is needed.)

How satisfied are you with your overall volunteer experience with the SOS program?

- ☐ Not satisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied

If you have volunteered at other agencies/organizations, how would you rate your current volunteer experience at the SOS program compared to other volunteer experiences?

- ☐ Less satisfying (than other volunteer experiences)
- ☐ Equally satisfying
- ☐ More satisfying (than other volunteer experiences)
- ☐ Not Applicable

APPENDIX C:  
VOLUNTEER FUNCTIONS INVENTORY  
SCALE AND ITEMS



## VOLUNTEER FUNCTIONS INVENTORY

### SCALE AND ITEMS

#### VALUES

3. I am concerned about those less fortunate than myself.
8. I am genuinely concerned about the particular group I am serving.
16. I feel compassion toward people in need.
19. I feel it is important to help others.
22. I can do something for a cause that is important to me.

#### UNDERSTANDING

12. I can learn more about the cause for which I am working.
14. Volunteering allows me to gain a new perspective on things.
18. Volunteering lets me learn things through direct, hands on experience.
25. I can learn how to deal with a variety of people.
30. I can explore my own strengths.

#### ENHANCEMENT

5. Volunteering makes me feel important.
13. Volunteering increases my self-esteem.
26. Volunteering makes me feel needed.
27. Volunteering makes me feel better about myself.
29. Volunteering is a way to make new friends.

#### PROTECTIVE

7. No matter how bad I've been feeling, volunteering helps me to forget about it.
9. By volunteering I feel less lonely.
11. Doing volunteer work relieves me of some of the guilt over being more fortunate than others.
20. Volunteering helps me work through my own personal problems.
24. Volunteering is a good escape from my own troubles.

#### SOCIAL

2. My friends volunteer.
4. People I'm close to want me to volunteer.
6. People I know share an interest in community service.
17. Others with whom I am close place a high value on community service.
23. Volunteering is an important activity to the people I know best.

#### CAREER

1. Volunteering can help me to get my foot in the door at a place where I would like to work.
10. I can make new contacts that might help my business or career.
15. Volunteering allows me to explore different career options.
21. Volunteering will help me to succeed in my chosen profession.
28. Volunteering experience will look good on my resume.

APPENDIX D:  
INFORMED CONSENT

## INFORMED CONSENT

The study in which you are about to participate is designed to identify factors which motivate individuals to volunteer within a senior ombudsman program. This study is being conducted by Stefani Massongill, MSW student, under the supervision of Dr. Rosemary McCaslin of the Department of Social Work at California State University, San Bernardino (CSUSB) (909-880-5507). This research project has been approved by the Social Work Departmental Review Board at CSUSB.

As a participant in this study, you will be asked to complete a brief questionnaire by rating how important or accurate certain reasons for volunteering are for you in providing volunteer services for the Senior Ombudsman Services (SOS) program of the Volunteer Center of Riverside County. The questionnaire also contains some demographic questions which will be of value to this study. The questionnaire should take approximately 20 minutes or less to complete.

All information you provide will be held in strict confidence by the researchers. The questionnaire is designed to be confidential and anonymous. As such, you will NOT be asked to place your name anywhere on the questionnaire. Instead, you will be asked to place an "X" on the bottom of this form to acknowledge your consent to participate in this study. Your participation in this study is voluntary, and neither your decision to participate nor your responses will affect your volunteer status with the SOS program. You are free to withdraw your participation and your data at any time without penalty.

By placing a mark ("X") in the space provided below, I acknowledge that I have been informed of and understand the nature and purpose of this study, and I freely consent to participate. By this mark I further acknowledge that I am at least 18 years of age.

Please give your consent to participate by placing an "X" here: \_\_\_\_\_

Today's date is: \_\_\_\_\_

APPENDIX E:  
DEBRIEFING STATEMENT

## DEBRIEFING STATEMENT

Thank you for participating in this study. As indicated on the Informed Consent form, the purpose of this study is to identify specific factors which motivate individuals to participate in volunteer services within a senior ombudsman program. It is hoped that the results of this study will contribute valuable knowledge to the limited body of research related to ombudservice to seniors. It is also hoped that the results will provide additional insight for senior ombudsman program directors regarding volunteer recruitment and retention strategies as these relate to motivation to volunteer.

The results of this study will be available in the CSUSB Pfau Library by the summer of 2001. If you have any questions or concerns about this research project you may contact Dr. Rosemary McCaslin at the CSUSB Department of Social Work at (909) 880-5507.

Thank you for your participation in this research project.

APPENDIX F:  
LETTER OF REQUEST FOR  
PARTICIPATION IN SURVEY

(SAMPLE)

Date

Name  
Street  
City

Dear (name),

My name is Stefani Massongill and I am currently attending California State University, San Bernardino to obtain a Master's degree in Social Work. I am serving as a Social Work Intern at the Senior Ombudsman Services Program of the Volunteer Center of Riverside County during the academic year 2000-2001.

As a part of my thesis and in conjunction with my internship, I am conducting research regarding the motivation to volunteer within a senior ombudsman program. As such, I have been administering a survey to the volunteer ombudsmen who work for the Volunteer Center of Riverside County. A number of surveys were collected during the monthly volunteer training in September. However, I have been informed that not all volunteers were able to attend this monthly meeting for various reasons. Regardless of the particular reason you were unable to attend, your input is extremely valuable. I would kindly request your participation in this survey in order to further develop the current ombudsman program, especially with respect to recruitment, retention and recognition of volunteers.

All information you provide on the survey will be held in strict confidence and will be anonymous. As such, you will NOT be asked to place your name anywhere on the survey. Your Area Supervisor and the Program Director will NOT have access to the survey documents at any time.

If you are willing to complete the survey, please proceed to the next page. If you have any questions about the survey, please feel free to contact me at the Senior Ombudsman Services Program at (909) 686-4402



on Monday or Wednesday from 9 a.m. to 5 p.m. or Tuesday from 10:30 a.m. to 2:30 p.m. You may also contact Dr. Rosemary McCaslin (Research Supervisor) for questions or concerns at (909) 880-5507. If you decide not to complete the survey, please return the document to me in the enclosed addressed and stamped envelope so that it may be used elsewhere.

Thank you.

Sincerely,

Stefani J. Massongill  
Social Work Intern

### Instructions for Survey Completion

Please use the following instructions to assist in completing the survey properly. It is important that you understand exactly what is being requested of you. If at any time during the survey you have a question, please feel free to call Stefani Massongill for clarification at (909) 686-4402 on Monday or Wednesday from 9 a.m. to 5 p.m. or Tuesday from 10:30 a.m. to 2:30 p.m.

1. Please read the Informed Consent form.
2. Give your consent to participate in the study by placing an "X" on the appropriate line on the bottom of the Informed Consent form. (Do NOT place your name on either the Informed Consent or the survey).
3. Write the date on the appropriate line on the bottom of the Informed Consent form.
4. Place the completed Informed Consent form into the addressed, stamped envelope provided in this packet. Do NOT seal the envelope yet.
5. **Do not complete the survey until you have read all of the instructions in this line item #5.**

Read the instructions at the top of the page marked "Volunteer Functions Inventory."

There are 30 possible reasons for volunteering listed on the survey. What the researcher is interested in finding out is what motivates you to volunteer presently for the ombudsman program. There are 4 possible responses:

- "1" represents "Not important/Not accurate at all."
- "2" represents "Somewhat important/Somewhat accurate."
- "3" represents "Important/Accurate."
- "4" represents "Extremely important/Extremely accurate."

For example, the second line on the "Volunteer Functions Inventory" states, "My friends volunteer." You may have many friends who volunteer. However, if this fact really has nothing to do with why you currently volunteer, you might circle a "1" or "2" on the survey. On the other hand, if this fact does influence your current choice to volunteer, you might circle a "3" or "4."

There are several narrative portions of the survey. Please complete these sections as they will provide very valuable information.

There are also several questions that involve dates and numbers. Please give the closest approximation or average of dates and numbers possible.

Please be aware that the survey is on both sides of the pages (front & back).

YOU MAY NOW COMPLETE THE SURVEY.

6. Once you have completed the survey, please place it in the addressed, stamped envelope, seal the envelope and place it in the mail.
7. You may read the Debriefing Statement and retain this for your personal records.

Thank you for taking the time to provide your input for this study.

APPENDIX G:  
RESEARCH QUESTIONS FOR  
FOCUS GROUPS

## RESEARCH QUESTIONS FOR FOCUS GROUPS

1. How did you learn of the ombudsman program and what peaked your interest about it? What drew you to it?
2. What do you contribute or accomplish in serving as an ombudsman?
3. How does serving as an ombudsman benefit you and/or others?
4. How do you feel this position is different or special from others? Why serve in this position/program and not somewhere else?
5. What are the challenges you face in this position as an ombudsman?
6. What is it that motivates you to continue providing ombudsman services?
7. How well do you feel your efforts as a volunteer ombudsman are being recognized?
8. What changes or improvements in the program would you suggest?

APPENDIX H:  
DEMOGRAPHIC DATA

## DEMOGRAPHIC DATA

**Frequency:** Number of respondents

**Percent:** Percent of respondents

**Mean:** Average

**Median:** Response that falls in the middle of the distribution

**Mode:** Most frequent response

### Gender

	Frequency	Percent
Female	24	71
Male	10	29
Total	34	100

### Ethnicity

	Frequency	Percent
African American	2	6
Caucasian	29	85
Hispanic	3	9
Total	34	100

### Age of respondents

Mean: 68.03

Median: 69

Mode: 68

	Frequency	Percent
46-49 yrs.	2	7
50-59 yrs.	2	7
60-69 yrs.	12	40
70-79 yrs.	12	40
80-82 yrs	2	7
Total	30	(100)

### Highest level of education

	Frequency	Percent
12 years (high school) or GED (General Education Diploma)	4	12
Some college, but no degree obtained	17	50
Undergraduate degree obtained	7	21
Some Master's level courses taken, but no degree obtained	2	6
Master's degree obtained	2	6
Some Doctoral courses taken, but no degree obtained	2	6
Total	34	(100)

#### Employment status

	Frequency	Percent
Retired	31	91
Not employed	1	3
Employed	2	6
Total	34	100

#### Household annual income

	Frequency	Percent
Under \$25,000	3	13
\$25,000-\$50,000	8	33
\$50,001-75,000	6	25
\$75,001-\$100,000	2	8
Over \$100,000	5	21
Total	24	100

#### Ever had loved one reside in LTC facility

	Frequency	Percent
No	13	38
Yes	21	62
Total	34	100

#### Quality of experience of loved one in LTC facility

	Frequency	Percent
Negative	5	16
Neither Negative nor Positive	6	19
Positive	8	26
Not Applicable	12	39
Total	19	100

#### Does respondent have an active religious affiliation

	Frequency	Percent
No	13	38
Yes	21	62
Total	34	

#### Is religious affiliation an important reason respondent is providing volunteer services

	Frequency	Percent
No	24	77
Yes	7	23
Total	31	100



Number of SNFs respondent was serving in

Mean: 1.84

Median: 2

Mode: 1

Number of SNFs	Frequency	Percent
0	1	5
1	7	37
2	6	32
3	4	21
4	1	5
Total	19	100

Number of RCFEs respondent was serving in

Mean: 4.54

Median: 3

Mode: 1

Number of RCFEs	Frequency	Percent
0-3	15	54
4-6	8	29
7-9	2	7
10-12	1	3
13-15	0	0
16-18	2	7
Total	28	100

Miles traveled to cover all facilities for a month

Mean: 112.14

Median: 80

Mode: 50

Miles traveled	Frequency	Percent
8-100	15	54
101-200	10	36
201-300	2	7
301-332	1	3
Total	28	100

Is this respondent's first volunteer experience

	Frequency	Percent
No	29	88
Yes	4	12
Total	33	100

Number of other volunteer experiences respondent has had

Mean: 3.04

Median: 2

Mode: 1

Number of other volunteer experiences	Frequency	Percent
1	12	43
2-3	9	32
4-10	7	25
Total	28	100

Number of months respondent had been certified

Mean: 57.68

Median: 45/37

Mode: 103

Number of months certified	Frequency	Percent
0-24	12	38
25-48	5	16
49-72	1	3
73-96	4	12
97-120	6	19
121-144	3	9
145	1	3
Total	32	100

Average hours respondent was volunteering per month

Mean: 20.34

Median: 20

Mode: 20

Average hours per month	Frequency	Percent
0-18	13	45
20	5	17
21-45	10	34
93	1	3
Total	29	(100)

Rate paperwork responsibilities

	Frequency	Percent
Low priority	7	21
Moderate priority	14	41
High priority	13	38
Total	34	100

How knowledgeable respondent felt about paperwork requirements

	Frequency	Percent
Somewhat knowledgeable	7	20
Knowledgeable	22	65
Extremely knowledgeable	5	15
Total	34	100

How satisfied respondent was with overall volunteer experience

	Frequency	Percent
Somewhat satisfied	4	12
Satisfied	21	64
Very satisfied	8	24
Total	33	100

Compare current volunteer experience (SOS) with other volunteer experiences held

	Frequency	Percent
Less satisfying (than other volunteer experiences)	2	6
Equally satisfying	17	52
More satisfying (than other volunteer experiences)	9	27
Not Applicable	5	15
Total	33	100

APPENDIX I:

TABLE 1: VOLUNTEER FUNCTIONS

INVENTORY SAMPLE MEANS,

STANDARD DEVIATIONS, RANGES,

MINIMUM AND MAXIMUM

RESPONDENT SCORES

TABLE 1: VOLUNTEER FUNCTIONS INVENTORY  
SAMPLE MEANS, STANDARD DEVIATIONS, RANGES,  
MINIMUM AND MAXIMUM RESPONDENT SCORES

	M	SD	Range	Minimum Respondent Score	Maximum Respondent Score
Values	3.34	.53	1.60	2.40	4.00
Understanding	2.76	.53	2.40	1.60	4.00
Enhancement	1.97	.67	2.40	1.00	3.40
Protective	1.52	.43	1.60	1.00	2.60
Social	1.45	.45	1.60	1.00	2.60
Career	1.16	.59	3.00	1.00	4.00

APPENDIX J:

TABLE 2: RESULTS OF T-TESTS  
AND ANOVAS RELATED TO  
VOLUNTEER FUNCTIONS INVENTORY  
SCALES

TABLE 2: RESULTS OF T-TESTS AND ANOVAS  
RELATED TO VOLUNTEER FUNCTIONS INVENTORY SCALES

	Statistics		df	p	M	SD
	t	F				
Values						
Number of other volunteer experiences	1.883	-	26	.071**		
One (1)					3.63	.43
Over one (>1)					3.28	.55
Understanding						
Have an active religious affiliation	-1.744	-	31	.091**		
No					2.57	.52
Yes					2.89	.51
Enhancement						
Have an active religious affiliation	-2.40	-	31	.023*		
No					1.65	.68
Yes					2.18	.58
Number of months certified	1.817	-	29	.080**		
Under 58 months					2.16	.71
58 months or over					1.72	.56
Income level	-	3.453	4	.017*		
Under \$25,000					1.40	.69
\$25,000-\$50,000					2.18	.39
\$50,001-\$75,000					1.50	.54
\$75,001-\$100,000					2.60	-
Over \$100,000					2.60	.86
Protective						
Have an active religious affiliation	-1.822	-	32	.078**		
No					1.35	.43
Yes					1.62	.40
Income level	-	3.929	4	.017*		
Under \$25,000					1.53	.42
\$25,000-\$50,000					1.70	.44
\$50,001-\$75,000					1.07	.10
\$75,000-\$100,000					2.00	.28
Over \$100,000					1.60	.37
Social						
Is religious affn. important reason for volunteering	-1.871	-	28	.072**		
No					1.38	.35
Yes					1.74	.70
Number of months certified	1.725	-	29	.095**		
Under 58 months					1.59	.43
58 months or over					1.31	.46

	<u>Statistics</u>		df	p	M	SD
	t	F				
<hr/> <hr/>						
SOCIAL						
Income level	-	3.688	4	.022*		
Under \$25,000					1.13	.12
\$25,000-\$50,000					1.85	.61
\$50,001-\$75,000					1.20	.22
\$75,001-\$100,000					1.00	.00
Over \$100,000					1.64	.30

\*Significant at the .05 level

\*\* Approaching significance



APPENDIX K:

TABLE 3: RESULTS OF  
T-TESTS AND ANOVAS RELATED TO  
DEMOGRAPHIC VARIABLES

TABLE 3: RESULTS OF T-TESTS AND ANOVAS  
RELATED TO DEMOGRAPHIC VARIABLES

	Statistics		df	p	M	SD
	t	F				
<hr/>						
Rate priority of paperwork responsibilities						
Number of months certified	2.423	-	30	.022**		
Under 58 months					2.39	.70
58 months or over					1.79	.70
<hr/>						
How satisfied respondent was with overall volunteer experience						
How knowledgeable respondent felt re: paperwork requirements	-	6.187	2	.006*		
Somewhat knowledgeable					2.57	.53
Knowledgeable					3.19	.51
Extremely knowledgeable					3.60	.55

\*Significant at the .01 level

\*\* Approaching significance

APPENDIX L:  
NARRATIVE SURVEY DATA:  
FREQUENCIES AND CATEGORIES

## NARRATIVE SURVEY DATA:

### FREQUENCIES AND CATEGORIES

Narrative 1: Please include any comments you may have regarding the two questions above. (Have you ever had a loved one (family member or close friend) reside in a long-term care facility? No/Yes; Was your experience of having a loved one placed and cared for in a long-term care facility: Negative Neither -/+ Positive N/A?)

#### QUALITY OF CARE= 7

Positive Comments=4 (i.e., good attention, excellent care, well-run facility)

Negative Comments=3 (i.e., mediocre care, need for improvement)

#### STAFF=2

Positive Comments=1 (i.e., caring staff)

Negative Comments=1 (i.e., staff didn't care about patients)

#### OMBUDSMAN=1

Positive Comment=1

#### OTHER=6

The other comments indicated: (1) feeling fortunate to not have loved ones in LTC, (2) having seen the need for volunteers after having a loved one placed in LTC, and (3) feeling compassion for residents who have lost the ability to do things for themselves (i.e., walking and talking), (4) facilities separate friends and family from loved ones, and (5) relative (of respondent) felt that he/she had been taken from life (when placed in a facility), (6) facility allowed the adult child to continue relationship with a parent who was in long-term care.

---

Narrative 2: In your own words, please explain why you volunteer at the SOS program:

#### VALUES=24

Desire to help=15

Compassion/concern=3

Desire to pay back/give back=3

Desire to give to others=1

Make a difference=1

Desire to advocate=1

#### PERSONAL/WORK EXPERIENCE=12

Work experience=8

Personal experience=4

→RECOGNIZED NEED=2

Saw the need=2

SKILLS/KNOWLEDGE/INTELLECT=6

Desire to/can lend skills=3  
Desire to solve problems=2  
Desire mental stimulation=1

INTEREST IN FIELD/POPULATION=6

Have strong interest in elderly=2  
Want to work in the field=2  
Want to help elderly=1  
Feel close to elderly=1

FAMILY VALUES=6

References to family influence upon motivation to help/care for others=3  
References to family values/being taught by family re: the importance of helping others=3

ACTIVITY=3

Want to do something (beneficial)=2  
Have free time=1

OTHER=5

Desire to be involved in community=2  
Personal development=1  
Support spouse=1  
As memorial to loved one=1

---

Narrative 4: If retired, please indicate what your most recent occupation was.

HEALTH CARE/LONG-TERM CARE=10

RN/LVN=3  
Nursing Home Administrator=2  
Owner/Operator of RCFE=1  
Medical Office Manager=1  
Medical Assistant to plastic surgeon=1  
Health care=1  
Hospital=1

SALES=3

Insurance Broker=1  
Owner of "Pop & Mom" Store=1  
Real Estate=1

SOCIAL SERVICES=2

Executive Director, Foundation for Handicapped Children=1  
School Psychologist=1

LEGAL SERVICES=2

Legal Analyst for Federal Government=1

Legal Secretary=1

OFFICE/ADMINISTRATIVE=2

Office Manager/Bookkeeper=1

Administrative Assistant=1

OTHER=9

Aircraft Design Specialist=1

Banking=1

Human Resources Specialist=1

Meat Manager for Grocery Company=1

National Training Director=1

Resource Economist=1

Supervisor-Graphic Tablets Company=1

Supervisor=1

Education=1

---

Narrative 6: Employed: Please write your job title or kind of work performed:

JOB TITLE/KIND OF WORK

Owner of property management company

Counselor

---

Narrative 7: Please list the (religious) affiliation:

CATHOLIC=8

PROTESTANT=7

Baptist=3

Lutheran=2

Presbyterian=1

Protestant (unspecified)=1

OTHER=5

Church of Religious Science=1

Unitarian=1

MCC=1

Christian=1

Church=1

---

Narrative 8: Would you consider your religious affiliation an important reason why you are providing volunteer services? No Yes Comments:\_\_\_\_\_

Those who said they do have a religious affiliation and said that affiliation is an important reason why they are volunteering included various comments in the "comments" section. One respondent made reference to the fact that, "It is God's way." Another

respondent referenced the example of Jesus who "went among the people to heal and give of Himself." The 3 other respondents made reference to the importance of loving and/or helping others. One of these comments demonstrated the cyclical pattern that has been evident throughout the research. This pattern involves a sense of being blessed (on the part of the respondent) (or having received much) and the consequent desire to help others because of or, in light of, their being so blessed (or having received much). (See Model 2 from Focus Group Data.)

Two individuals who said they do have a religious affiliation, but that affiliation was not an important reason why they volunteer made additional comments. The one respondent said that "... what religion teaches you is applicable to most volunteer work." The other respondent said, "My (religion) is a separate part of my life but as God said, 'Love your fellowman.' I try to do so."

Two individuals who noted they did not have a religious affiliation made comments under the subsequent question regarding whether the respondent's religious affiliation was(is) an important reason why they are providing volunteer services. The one respondent marked neither the "Yes" nor "No" boxes. However, the respondent commented that his or her "desire to aid those not in a position to help themselves probably stems from (his or her) past religious affiliation." The other respondent who also had noted that he or she did not have an active religious affiliation, answered the subsequent question, noting that his or her religious affiliation was (is) not an important reason why he or she is volunteering. This respondent made the comment, "I have a deep belief in God although I do not attend any particular church and believe it is this reason there is a need to help others."

---

Narrative 9: What are your thoughts/feelings about the paperwork responsibilities required of you as an ombudsman?

UNDERSTAND/RECOGNIZE NECESSITY/IMPORTANCE OF PAPERWORK=15

DISLIKE IT, BUT UNDERSTAND NECESSITY/ACCEPT IT=2

TOO MUCH PAPERWORK=5

Too much paperwork=4

A lot of paperwork=1

TIME-CONSUMING=3

Time-consuming=1

Poor use of time=1

Takes longer than the visit=1

DISLIKE IT/LEAST FAVORITE RESPONSIBILITY=2

ENJOY IT=1

OTHER COMMENTS=11

Positive=1

Negative=4

Neutral=2

Other=4

General ideas expressed in other comments included: (1) many items on the forms don't relate to situations ombudsmen deal with; some redundancy on forms, (2) did not volunteer to do paperwork, (3) wants to work to improve the system, (4) expectations need to be expressed more clearly, (5) would like more recognition for paperwork completed, and (6) don't feel very secure in doing paperwork; want more training in this area.



APPENDIX M:  
FOCUS GROUP DATA:  
FREQUENCIES AND CATEGORIES

## FOCUS GROUP DATA:

### FREQUENCIES AND CATEGORIES

#### 1.a. How did you learn of the ombudsman program?

Through prior work/volunteer experience=8

Newspaper=8

Ad=7

Feature article=1

In a nursing home=2

Flier=2

In mail=1

In person (at local university)=1

TV-PSA=1

Guest Speaker=1

At church=1

Personal contact (met or knew an ombudsman)=1

Through family or friend=1

Letter from AARP=1

#### 1.b. What peaked your interest about it? What drew you to it?

PERSONAL/WORK EXPERIENCE=16

Personal experience=8

Work experience=8

→ RECOGNIZED NEED/PROBLEMS=12

Saw a need=9

Saw problems=3

VALUES=16

Values (concern/compassion for others)=4

Desire to help=7

Desire to give back=3

Desire to make a difference=1

Sense of responsibility=1

SKILLS/KNOWLEDGE=5

Desire mental stimulation=1

Desire to contribute skills/knowledge=4

ACTIVITY=4

Desire for activity/something to do=3  
Desire to volunteer=1

INTEREST IN FIELD/POPULATION=4

Desire/interest in working w/elderly=3  
Want a job in the field=1

SOCIAL=2

Desire one-on-one contact=1  
Want to meet people=1

OTHER=1

Knew an ombudsman=1

---

2. What do you contribute or accomplish in serving as an ombudsman?

FUNCTIONS OF RELATIONSHIP=10

Develop relationships with them=2  
Just being there=1

Visitation=1

Talk with or to them=2

Serve as sounding board=1

Identify with them=1

Help them=1

Give to them=1

OTHER=1

Use skills=1

---

3. How does serving as an ombudsman benefit you and/or others?

BENEFITS TO SELF=20

THE SELF=8

Credibility (self/peer/social)=3

Feels good=2

Strokes ego=1

Positively impacts self-worth=1

Being recognized by residents=1

MENTAL/INTELLECTUAL=7

Learn=2

Mental stimulation=2

Helps problem-solving skills=2

Increases/contributes to own knowledge=1

WORK PRODUCES REWARDS/IS REWARDING=4

Work is the reward=2

Enjoy visiting=1  
See results/problems resolved=1

OTHER=1  
Anticipates future need/being impacted by issue=1

BENEFITS TO OTHERS=15

WHAT OMBUDSMEN ARE DOING IN GENERAL=2  
Impact quality of life=1  
Help others=1

WHAT OMBUDSMEN ARE DOING SPECIFICALLY=13

Presence/Just being there==3  
  
Talk with/to them=1  
Sounding board=1  
Allows venting=1  
Coaching family=1  
Security blanket=1  
Provide connection to outside world=1  
We are less threatening=1  
  
Address needs=1  
Handle issues=1  
Answer questions=1

---

4. How do you feel this position is different or special from others? Why serve in this position/program and not somewhere else?

Position offers opportunity that others don't (i.e., seeing results of efforts, being of service to others)=3

Simply wanted to volunteer somewhere=1

Anticipate future need/possibility of being impacted by LTC=2

Some people would not want to volunteer in this capacity because they think it is depressing=1

---

5. What are the challenges you face in this position as an ombudsman?

PROBLEMS WITH/WITHIN FACILITIES=12

Related to staff=6  
Staff deny problems=1  
Staff impede/slow down progress of ombudsmen=1  
Administration=1  
Rigid boundaries on staff=1  
Lack of concern=1  
Lack of efficiency=1

General problems=4  
Menus=1  
Depression in residents=1  
See deterioration of residents=1  
Lack of activities=1

Dealing with family=1

Social Services=1

PROBLEMS WITH/WITHIN VOLUNTEER PROGRAM=4

Administrative issues=2  
Education=1  
Training=1

OTHER PROBLEMS=4

Not having final authority=1  
General model of care for elderly=1

Licensing/APS=2

Lack of follow-through on part of Licensing/APS=1  
Lack of support from Licensing=1

---

6. What is it that motivates you to continue providing ombudsman services?

SEEING RESULTS/RESOLVING PROBLEMS=4

Seeing problems get resolved=2  
Seeing changed persons=2

VALUES=2

Desire to give back=1  
Desire to help=1

RESIDENT-ORIENTED RESPONSES=2

Identification with the residents=1  
Residents keep me coming back=1

INTEREST IN POPULATION=1

Desire/interest in working w/elderly=1

OTHER=1

Personal development=1

---

7. How well do you feel your efforts as a volunteer ombudsman are recognized?

POSITIVE RESPONSES=8

Work is a reward=3  
Appreciated news article=1  
VCR has gone overboard=1  
Appreciates what the program does for recognition=1

Appreciated being a part of public education/informing community  
about the program=1  
Supervisor has been an encouragement=1

SUGGESTIONS MADE=8

Regarding kinds of recognition efforts=6  
General recognition desired=1  
Peer recognition desired=2  
Recognition from supervisors desired=2  
Public recognition desired=1

Participation in relevant local meetings=1  
Desire education as much as recognition=1

NEGATIVE RESPONSES=4

Wasn't made aware that luncheon was scheduled later in year=1  
Do not prefer luncheon=1  
Do not feel respected=1  
Feel forms aren't being reviewed due to lack of response=1

OTHER=1

Being recognized by residents feels good=1

---

8. What changes or improvements in the program would you suggest?

TRAINING-ORIENTED RESPONSES (Initial & Monthly)=9

Training=4  
Provide flexibility of hours/evening hours for orientation=2  
Allow trainees to do facility visits earlier in training=2

Shadowing for new trainees=3

Monthly trainings=2  
Guest speakers periodically in monthly trainings=1  
Provide minutes from these in case of vol. absence=1

OTHER=1

Give responses re: forms turned in=1

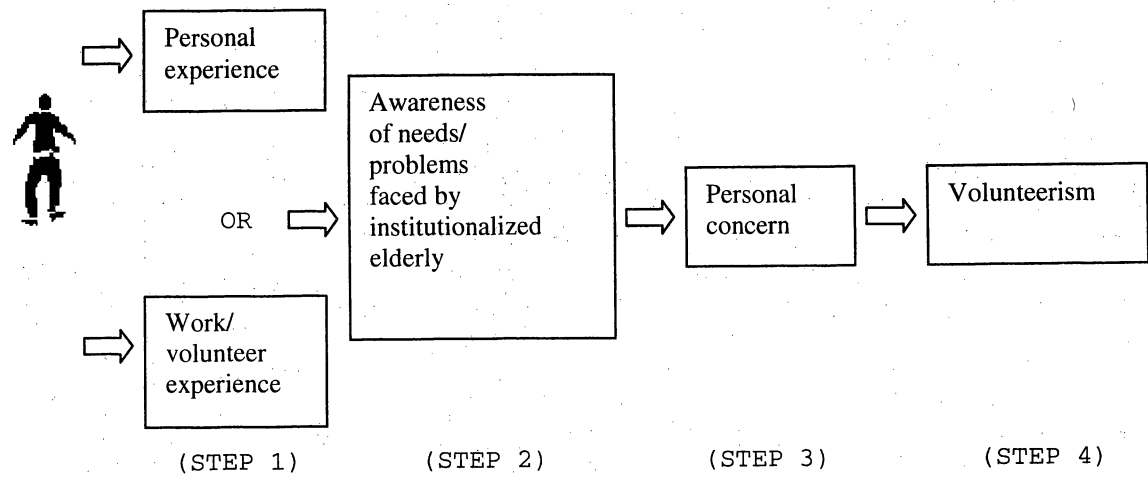
APPENDIX N:

MODEL OF MOTIVATION TO VOLUNTEER:

"INTERNALIZED HELPING RESPONSE"

# MODEL OF MOTIVATION TO VOLUNTEER:

## "INTERNALIZED HELPING RESPONSE"





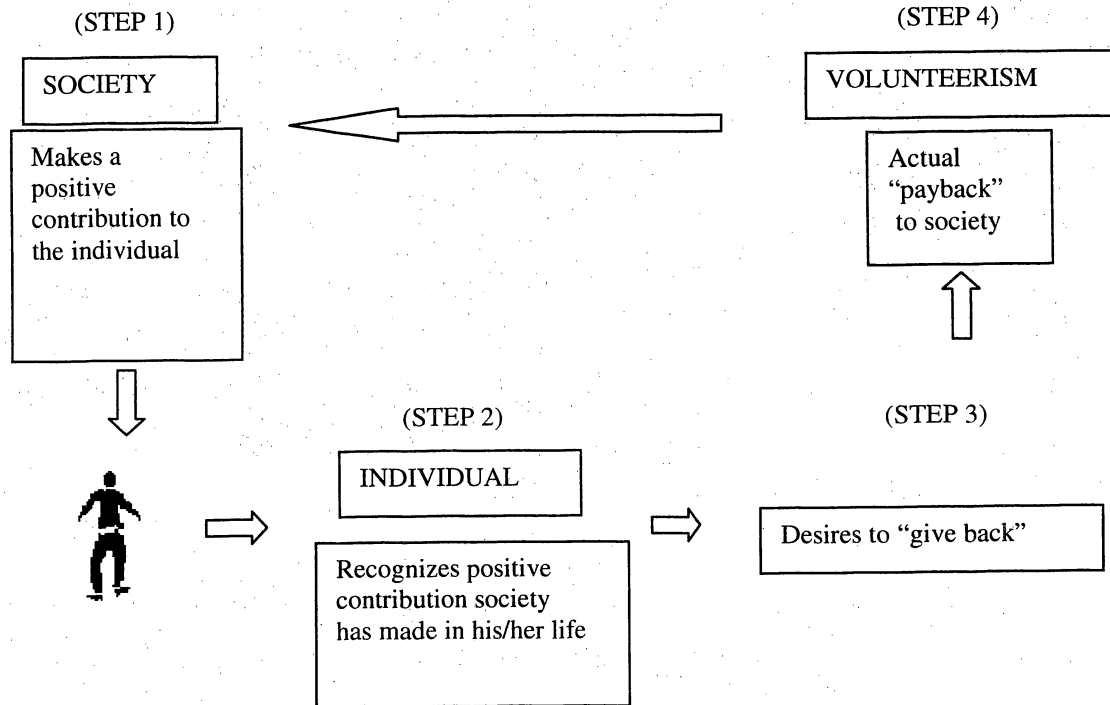
APPENDIX O:

MODEL OF MOTIVATION TO VOLUNTEER:

"PAY IT BACK"

# MODEL OF MOTIVATION TO VOLUNTEER:

"PAY IT BACK"



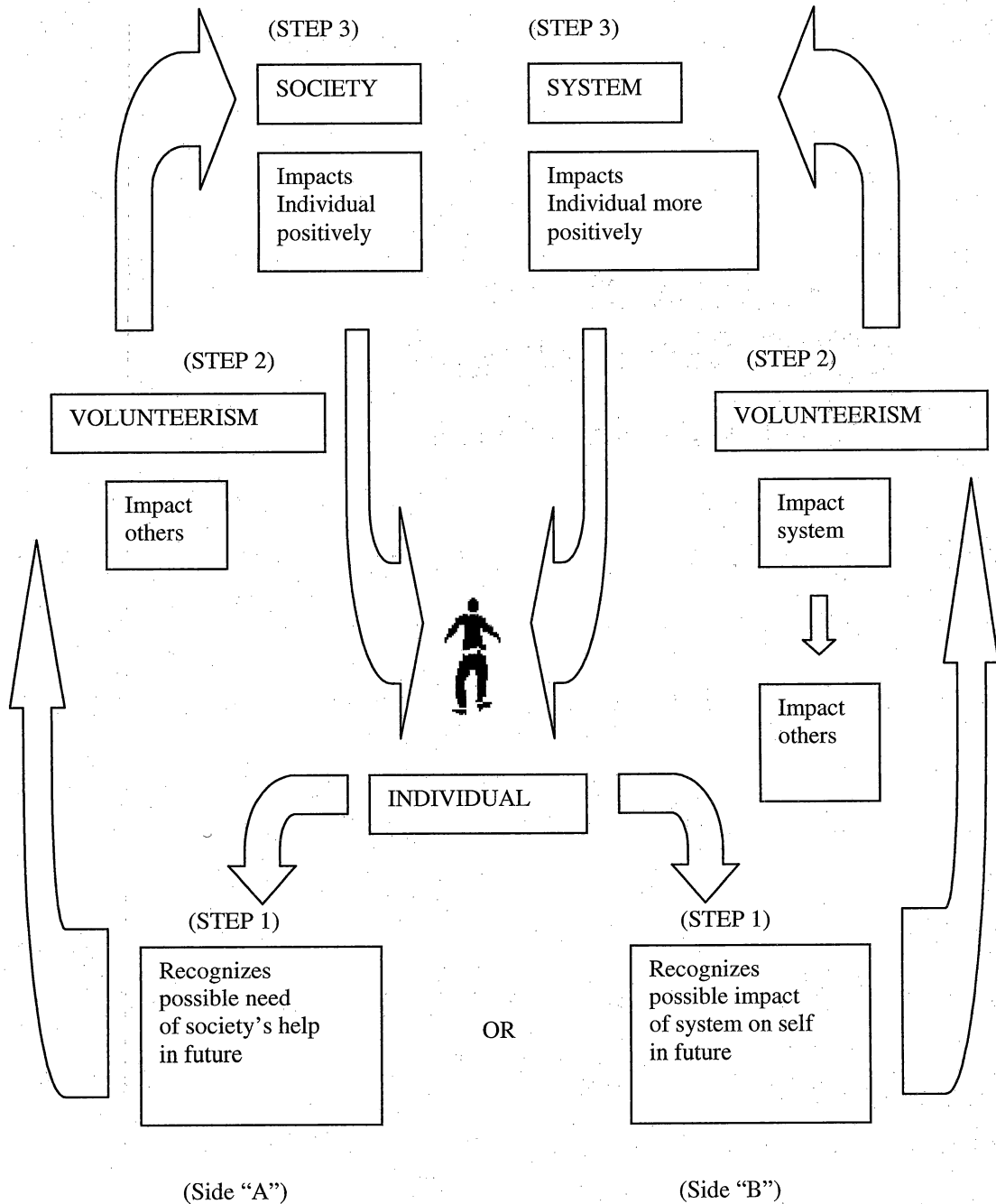
APPENDIX P:

MODEL OF MOTIVATION TO VOLUNTEER:

"PAY IT FORWARD"

# MODEL OF MOTIVATION TO VOLUNTEER:

"PAY IT FORWARD"



Note: Step 3 on Sides "A" and "B" represents what the individual hopes will result in the future.

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